

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



*She's about to offer him a cigarette
He's about to think of his pharmacist*

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Drug misuse guidelines tightened

*SPGC research trust
puts up £32k for
pharmacy care study*

*Health Bill hope for
the Pharmacy Act*

*Dobson may use
PPRS to cut parallel
imports*

*Italian pharmacies to
adopt Lloyds' scheme*



*Update: sharpen up
with needle exchange*

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COMFORTING RELIEF IS BACK (WITHOUT THE SUGAR)



Contains Paracetamol.

Warner Lambert are pleased to announce the re-launch of Calpol Paediatric Sugar-Free Suspension for fast, effective relief from pain and fever.

Supplied in 1 litre bottles, Calpol Paediatric will be available only as a sugar-free variant (paracetamol 120mg/5ml). This was a move in response to an overwhelming shift in GP prescribing patterns, favouring sugar-free formulations. As a result of this trend, Warner Lambert have taken the decision to discontinue

producing the original variant of Calpol Paediatric.

All prescriptions written as Calpol will be dispensed with Calpol Paediatric Sugar-Free Suspension at the normal drug tariff of £4.04/litre, as opposed to the cost of £4.32/litre set for generic formulations containing sugar.

Warner Lambert would like to thank GPs, health professionals and pharmacists for their support and patience during this period. If you have any queries, please phone our Medical Information Helpline on 01703 641 400.

Drug Tariff Price – Calpol Paediatric Sugar-Free Suspension £4.04 per litre/Generic Paediatric Suspension £4.32 per litre

Calpol Paediatric Sugar-Free Suspension. Presentation: Suspension containing 120 mg Paracetamol per 5 ml. **Uses:** Treatment of mild to moderate pain (inc teething pain) and as an antipyretic. **Dosage:** Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Children 1–6 years: 5–10 ml; 3 months–1 year: 2.5–5 ml; infants under 3 months: 2.5 ml for babies who develop a fever following vaccination at 2 months. In other cases, use only under medical supervision. **Contraindications:** Hypersensitivity to Paracetamol. **Precautions:** Caution in severe hepatic or renal dysfunction. **Side and adverse effects:** Rarely skin rash and other allergic reactions. **Price (ex VAT):** £3.44. **Legal category:** P. Further information is available from Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3JH. **Product licence number:** 15513/0008. **Date of preparation:** March 1999.

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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COMMENT

Michael Bailey and Frank Dobson were both at the ABPI dinner last week, but there was little evidence that the president and the health secretary were looking at the same menu. Mr Dobson wants to save government money by pruning that perennial target for politicians - the drugs bill. He is proposing to broker a deal through the PPRS that will see branded manufacturers cut UK prices on drugs that are popular parallel imports, thus cutting out the PI middleman, delivering increased volume turnover to domestic companies and saving the NHS money. This move to direct price controls on individual products, rather than an agreed profit on return across a company's portfolio, would put the PPRS into new (and dangerous?) territory for manufacturers. Whether the lure of greater rewards for innovative new drugs will make this rather limited initiative more palatable remains to be seen. But while Mr Dobson fiddles, Mr Bailey is crying 'Wolf' - or is he? The pharmaceutical industry has long been a jewel in UK plc's crown. But the manufacturing base is down 20 per cent in less than a decade and the industry's trade balance is in decline after ten years' continuous growth. The globalisation of the industry means multinationals will move manufacturing to where the cheapest pools of skilled labour can be found. But the ABPI is suspicious of the motives of the National Institute for Clinical Excellence, abhors the type of 'formulary prescribing' generated by Prodigy, and generic prescribing targets set for primary care groups. They do not send encouraging messages. Balancing the commercial needs of a strong industry with a limited health budget is not an easy act, but as long as the Department of Health remains both the industry's sponsor and paymaster it faces this dilemma. A long-term and pragmatic view is called for. Mr Dobson must not be swayed by political convenience and short termism.

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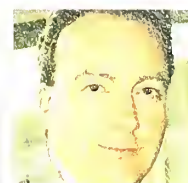
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AAH chief executive Michael Ward (right) to oversee Italian pharmacy operation if Gehe's latest acquisition is successful



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Council candidates announced

There are 15 candidates standing for this year's elections to the Royal Pharmaceutical Society's Council.

The list is as follows: David Allen*; David John Coleman; Ian Conquest; Digby Emson; Christine Glover; Gill Hawksworth; Pat Hoare*; John Jolley; David Kent; Andrew Murdock; Alan Nathan*; Hemant Patel*; Alaster Rutherford; Ashwin Tanna and Allen Tweedie.

The election of auditors is also to take place this year. Candidates standing for the five auditor positions are: John Balmford*; Ian Caldwell; Richard Clitherow*; Mervyn Mudge*; Edward Mallinson; Roger Phillips* and Brian Willis* (*indicates current Council member seeking re-election).

Pharmacists will have the opportunity to question some of the Council candidates this weekend (April 18) at the Young Pharmacists' annual hustings. At the time of going to press, nine pharmacists had signalled their intention to attend (Mrs Hoare, Mr Patel, Mr Rutherford, Mr Murdock, Mr Tanna, Mr Tweedie, Mr Nathan, Mr Coleman and Mr Jolley). Mrs Glover, Mr Kent and Mr Allen had indicated they would not be attending.

The hustings are being held as part of the YPG's Midlands Regional Conference which takes place on the Sunday at the Quality Friendly Hotel, Walsall, West Midlands (junction 10 of the M6). The hustings kick off at 2pm.

Islamic New Year message

Royal Pharmaceutical Society president Hemant Patel has issued this message for the Islamic New Year:

"The beginning of the Muslim calendar is called Hirja, which literally means migration or a physical movement from one place to another, or the abandonment of one thing or another.

"In Islamic terminology Hirja signifies the migration of the Prophet Muhammad from his place of birth, Makkah, to Medina. Prior to this Hirja, the young prophet undertook a Hirja of a special and spiritual nature signifying the abandonment of all falsehood to the acceptance of truth in its purest form.

"...I believe we can all learn from the philosophy of the Hirja. Ultimately, this is to live for the sake of Truth in the face of aggression and persecution. If we are willing to follow a commitment to truth I believe dignity and honour can be achieved in our professional and personal lives.

"May I wish a very happy new year to all Muslim colleagues and friends."

Guidelines tighten control of methadone prescribing

New guidelines for GPs on managing drug misuse encourage closer collaboration with pharmacists and greater use of supervised methadone consumption.

But changes to the Misuse of Drugs Regulations, which pharmacists believe might help reduce confrontations with drug misusers, are not expected until at least next year.

The new 'Orange guide' ('Drug Misuse and Dependence - Guidelines on Clinical Management'), published this week, recommends supervised consumption for at least three months for new prescriptions for substitute medication. The dose should be supervised by the doctor, a nurse or community pharmacist. On the rare occasions when this is not possible, the dose should be set so as to minimise risk of diversion onto the black market. Supervision should be relaxed only when the patient's compliance is assured, and must be made available at times that do not clash with employment or childcare responsibilities.

The prescribing doctor should liaise with the dispensing pharmacist about the patient and the prescribing regime. As a general principle, substitute drugs should be dispensed on a daily basis with the intervals reduced to two or three times a week, if the patient is making satisfactory progress. Usually, no more than one week's drugs should be dispensed at a time.

Other recommendations include:

- Only doctors with sufficient training and expertise should prescribe controlled drugs to misusers.

- Doctors should not prescribe substitute medication in isolation; a multi-disciplinary approach to drug treatment is essential.

- Patients should be told to keep drugs out of reach of children, and methadone bottles should have child-resistant closures.

- Prescribing should generally aim to minimise injecting; injectable drugs should usually be prescribed only at specialist centres.

- Tablets that are likely to be crushed and injected should not be prescribed.

- Unless there are compelling reasons, such as immobility, the patient should collect the medication in person from the pharmacist.

The guidelines are being sent to all GPs, health authorities and specialist drug treatment centres. A section on 'shared working with other professionals' outlines the services pharmacists can offer, explaining that community pharmacists can play an important part in identifying inappropriate prescribing of controlled drugs and monitoring the potential misuse of OTCs.

The guidelines' working group also recommended that limited licensing for CDs should be extended to ensure that only properly trained and supported doctors would be able to treat drug misusers, and that all private prescriptions for CDs should require a licence. The Government will consult on these proposals later this year.

The Department of Health and the Home Office are still considering recommendations put forward last year by the Royal Pharmaceutical Society,

which called for an urgent review of the Misuse of Drugs Regulations to give pharmacists more discretion over instalment dispensing.

Alan Macfarlane, chief inspector, Home Office Drugs Branch Inspectorate, told *C&D* this week that the Society's proposals could be developed further now that the clinical guidelines had been published. The Advisory Committee on the Misuse of Drugs, at its last meeting, looked at the introduction of IT for CD records. But because of the Government's huge legislative programme, there was little hope of changes this year.

Speaking at a press briefing for the 'Orange guide' launch, Tessa Jowell, minister for public health, said that a significant proportion of the £50 million made available to health authorities from April 1, as a result of the Illegal Drugs Comprehensive Spending Review, would support doctors treating misusers - including supervised consumption.



Health minister Tessa Jowell

Pharmacy pay settlement dates

Health minister John Denham has told an MP that the Government hopes to settle this year's pharmacy remuneration negotiations "as soon as possible".

In a written answer to South Derbyshire MP Mark Todd, Mr Denham included the dates of the last

five settlements for pharmacists. These are as follows:

1994/95	May 4, 1994
1995/96	June 28, 1995
1996/97	October 21, 1996
1997/98	October 7, 1997
1998/99	November 30, 1998.

New BPSA executive committee elected

The British Pharmaceutical Students' Association elected a new executive committee at its annual conference over Easter.

The new members are:

- Jonathan Burton - president
- Lindsay McClure - vice-president
- Joanna Hallatt - treasurer
- Noel Wicks - public relations officer
- Gillian Campbell - membership secretary
- Emily Horwill - graduate officer

- Mary Jobling - student exchange officer

- Dimitri Zerinitis - IT officer

- Andrew Christopherson - editor, *Future Pharmacist*

- Gavin Miller - sports officer.

Area co-ordinator members elected are:

- Scott Dalgleish - northern area
- Rebecca Clark - western area
- Hani Zuhur Adi - eastern area
- Herpreet Singh - Pennine area.

NI stops £100 fee for daytime courses

The Northern Ireland Centre for Pharmacy Postgraduate Education and Training has withdrawn the £100 fee for pharmacists attending daytime courses.

The fee was introduced a year ago on a pilot basis, after surveys suggested that pharmacists found the costs of attending daytime courses were a disincentive. But a follow-up report has revealed that the payment did not increase attendance at courses, so the old payment scheme came back into effect on April 1.

The payments are a locum fee of £40.15 for a day and £20.08 for a half day, to a contractor who employs a locum to allow him/her or an employee to attend a NICPET course.

Society announces a major revamp of British Pharmaceutical Conference in 2000

The British Pharmaceutical Conference is to take on a new format from next year.

Following a "major" strategy review, the Royal Pharmaceutical Society has announced that the BPC in 2000 will be held at the International Convention Centre in Birmingham instead of Sunderland as had been planned originally. In addition, the conference's trade exhibition Pharmex will be replaced by Pharmacy Live.

The strategy is part of a drive to

broaden the appeal of BPC, said the Society's head of professional and scientific support, Roger Odd. Over the past few years the attendance figures have been just over 1,000, but less than 15 per cent of those attending last year's conference in Eastbourne were community pharmacists.

Venues for the BPC may be reduced to a core number in future. Conference manager Hazel Maxted is looking at major UK conference centres and will be recommending three or four to the

conference committee at its May meeting, with the intention of rotating the BPC around these sites in future.

The BPC dates for 2000 have been brought forward a day to accommodate the move, and the conference will now run from September 10-13. Next year's Chemex will be held at London Olympia from September 3-4.

"It's an exciting new era for the BPC," said Miss Maxted. "We want to try and attract more community pharmacists, which is why we are having more



practice sessions at this year's conference." This takes place from September 13-16 in Cardiff. Discount delegate fees are available before August 1. Further details on 0171 735 9141.

CPP to research payment for pharmaceutical care

The College of Pharmacy Practice is to carry out research into how much it would cost to pay pharmacists to provide pharmaceutical care.

The Scottish Pharmaceutical General Council Research Trust has awarded a grant of £31,888 for the project, to be carried out in Scotland. The aim is to develop a template for measuring resources needed to deliver pharmaceutical care in community pharmacies.

It will be evaluated in patients with

two types of chronic condition who need different forms of care - asthma and hypertension.

At present neither the Government nor the profession knows how much it costs to provide pharmaceutical care for an individual patient. The CPP says: "Only when this information becomes available will it be possible to calculate a fair and adequate remuneration for the provision of these services."

Calculations made will include staff

time costs and overheads, and how these vary according to the patient and whether it is the first or follow-up visit to the pharmacy. Extrapolation of the data will indicate the potential impact on the present remuneration system.

The project starts with a literature survey and a pilot study and should be completed within a year. CPP is advertising for a pharmacist to carry out the research on a full-time basis in Scotland.

More pharmacists accredited in East London and City scheme

Sixty per cent of pharmacies have achieved level one accreditation in East London and City Health Authority's accreditation scheme, which has been running for two years.

Level one requires a high professional standard for pharmacists and staff, a display of health promotion literature and conformity with the code of ethics' requirements. Assessment also takes account of staff and pharmacist training and requirements for health and safety at work. Successful

applicants were recently presented with £100 and a certificate to display in the pharmacy, as were successful candidates for level two, which looks at services provided. These services include health promotion schemes, diagnostic testing and catering for the needs of the various local cultural groups. About 23 per cent of pharmacies are now accredited to this level.

The local pharmaceutical committee hopes primary care groups will finance the scheme in future, now that London

Initiative Zone funding has ended.

George Leahy, ELCHA health economist, outlined the HA's priorities for the health improvement programme for which funding was limited. Recent pay review body awards were eating away at available resources, which would need to be re-allocated. Regeneration projects presented the best opportunity of new funding, as NHS monies were intended to prepare start projects which then had to find other sources of funding to carry on.

Pharmacy associations issue guide to Y2K problems

A 'Pharmacists' Guide to Year 2000 Self Assessment' has been distributed with this month's NPA Supplement.

The document gives community pharmacists advice on millennium bug problems and how to tackle them. It has been jointly compiled by the Royal Pharmaceutical Society, the National Pharmaceutical Association, and the Pharmaceutical Services Negotiating Committee.

Main points covered include:

- an explanation of the problem
- a description of a self-assessment process

- useful references and addresses
- a sample letter to send to suppliers, customers and landlords.

It is stressed that the date should not be put forward on computers to test for any problems unless the implications are fully understood.

The document suggests that hardware suppliers, operating systems manufacturers, and IT suppliers should be contacted to check Year 2000 compliance. It also gives examples of software known to be compliant.

Other items which should be checked for Y2K compliance include:

- all equipment with an LCD or LED display
- telephone systems - especially if linked to a PC or with call logging or voice mail facilities
- fax machines - these can be tested by simply changing the date to near midnight on December 31, 1999, and waiting for the midnight transition
- closed circuit television systems - these can also be self-tested
- burglar and fire alarms
- central heating and air conditioning controllers.

If in doubt, contact the supplier.

IN BRIEF

Free NRT guidelines expected

Guidance on implementing proposals outlined in the tobacco White Paper was expected to be issued on Friday, after C&D went to press. The proposals include a free week's supply of nicotine patches, specialist smoking cessation clinics, as well as £60 million of government funding.

PoD checks on all scripts

The NPA has asked us to point out that point of dispensing checks should be made on all prescriptions. If an old style prescription form is presented, then this should be ticked in the same place where the box is on the new style forms.

NOAH web site

The National Office of Animal Health has set up its own web site at www.naah.demon.co.uk. NOAH's briefing documents are given in full, outlining issues surrounding the animal health industry, as well as hot links to member companies' own sites. E-mail can be sent to naah@naah.ca.uk.

Coracten package notice

Medeva Pharma Ltd, says batch 500667 of packets of its Coracten SR 20mg (nifedipine slow release) have come onto the market with a colour defect in the packaging. These carry a dark brown flash rather than the correct light brown tint. The capsules and remaining packaging are unaffected.

'Medicines or sweets?' test

Boots in Stockton, Teesside, recently ran a 'Medicines or sweets?' competition for children, in an initiative organised by trading standards officers. The pharmacy displayed trays containing tablets and sweets, and children from local primary schools had to say which was which. Boots gave £5 to the ten children who had the most answers correct. Woolworths provided the sweets and the Home Safety Association gave £50 sponsorship.

Performance assessment framework announced

A list of 41 indicators which will be used to assess how well the NHS is performing has been issued.

The indicators, which form the performance assessment framework, look at six areas: health improvement; fair access; effective delivery of appropriate healthcare; patient and carer experience; health outcomes of NHS care; and efficiency. They are seen as a way of replacing the focus on NHS care by finance and efficiency alone.

Although some indicators relate directly to secondary care, community pharmacists may become involved with the cost-effective and generic prescribing indicators. Disease prevention and health promotion, teenage pregnancy and children's oral health are also specific indicators.

Health minister John Denham said the new PAF will provide a fuller

First walk-in centres launched

The NHS is to set up the first 20 fast access walk-in health centres in towns and cities this year. People will be able to see a doctor or nurse, without an appointment, between 7am and 10pm, on seven days a week.

Launching the centres on Tuesday, Prime Minister Tony Blair said: "With 24 hour banking, shopping and television now part of our way of life, we need to think of new ways of responding to patients' needs. We need to offer a new option for people who, perhaps because of their hours or job location, find it difficult to use existing services. For example a busy working woman, juggling home and work responsibili-

ties, may need flexible and fast access to health advice and minor treatment. Often those can't be fitted around traditional ways of providing primary care.

"We also need to make sure that these new services genuinely build on what is taking place already, not duplicate or replace them. What we introduce should go with the grain of the NHS," he added.

The Government intends to work with primary care groups to set up the centres, which will be funded from new resources of up to £30 million made available this year through the Capital Modernisation Fund. The

funding will be one part of an overall package of up to £280m over three years to promote NHS walk-in centres and the further development of NHS Direct.

Pharmacists and other healthcare professionals are expected to be included in the centres.

The NHS Confederation agrees that many people have difficulties accessing NHS services, but warns that there is still a massive task to be done to modernise core services, with the need to improve nurse staffing levels and new, effective drugs being denied to patients on the grounds of affordability.

assessment of progress in delivering better services and improving health. "It will be a powerful tool to enable health authorities, primary care groups and NHS trusts to monitor and compare their performance."

Quarter of patients wait four or more days for GP

A quarter of NHS patients usually have to wait four or more days for a GP appointment, a survey has shown.

Four out of five patients thought their appointment was as soon as necessary, although 19 per cent thought it should have been earlier. The first annual survey of over 61,000 NHS patients in England, carried out on behalf of the Department of Health, found that more than 80 per cent had seen their GP in the previous year.

Most had found services satisfactory, although people aged under 45 tended to be less satisfied. The majority

(90 per cent) thought the GP made the right diagnosis most, if not all, of the time and 80 per cent considered the GP knew what treatment was best.

During the preceding year, 15 per cent had put off a visit to the GP because of the inconvenience of surgery opening hours; this proportion was slightly higher in patients under 45.

More than two in five thought they were not always given enough information about their condition or treatment, but few reported difficulty in understanding the GP.

TV drama affects drug use

Medical television dramas are influencing drug taking behaviour, a survey has confirmed. A paracetamol poisoning incident on the BBC series 'Casualty' was found to increase both awareness of the facts about poisoning as well as temporarily increasing the level of self-harm by poisoning.

Members of the BBC Television Opinion Panel were sent a questionnaire. Of those that had seen the programme, 85 per cent knew that paracetamol had hepatotoxic effects compared with 45 per cent of non-viewers. After 32 weeks, this figure had fallen by 12 per cent in viewers but risen by 5 per cent in non-viewers.

With suicide attempts, a survey of 49 hospitals showed that, compared to baseline rates, the number of self-poisoning patients presenting was up 17

per cent in the first week after the broadcast, and 9 per cent in the second week. Incidents returned to baseline levels in the third week. There was no increase in the number of deaths.

Although the programme only referred to paracetamol, increases were found for paracetamol and non-paracetamol poisonings. However, after the broadcast, the number of patients who were 'Casualty' viewers and used paracetamol for self-poisoning doubled - "which strongly suggests that viewing the episode had influenced the choice of the substance".

The report in the *British Medical Journal* questions whether methods of self-harm should be portrayed in the media as they are associated with an increase in self-harm behaviour as well as influencing choice of method.

Society works on PR in Chilterns

The latest Royal Pharmaceutical Society's public relations skills training workshops took place in the Chiltern region.

Workshops in Ealing and Aylesbury looked at how the Society's PR objectives can be implemented at local level. The workshops focused on boosting media skills, but local PR offi-

cials are also involved in activities such as networking with schools and health promotion schemes.

Below (left to right) are: Larry Hurst, regional communications officer, RPSGB; Marqbool Ahmed, Hounslow Branch, RPSGB; Jean-Pierre Moser, head of PR, RPSGB; and Bharat Shah, Harrow Branch, RPSGB.



NHS Direct to develop in six ways

NHS Direct is to develop in six new areas, one of which will be NHS Direct information points, the Prime Minister has announced.

These public access points for NHS Direct will be situated in "surgeries, libraries, pharmacies, post offices, A&E departments and healthy living centres", with the first 100-200 in place within the next 12 months. They will give information about health and local health services.

Other developments will be:

- integrated access - for out of hours care so that NHS Direct nurses can "seamlessly" pass a caller to a doctor, social services or mental health staff
- outreach - nurses will proactively call people who may need help or advice
- on-line - an internet service for health information and giving public access to the National Electronic Library for Health, to be set up in the autumn

● healthcare guide - drawing from the experience of the telephone service, the guide will provide advice on common ailments and problems nurses routinely advise callers about

● healthcare programme - using the healthcare guide as the basis for providing training for the public on basic healthcare issues.

Last week, an NHS Direct call centre was opened in West Yorkshire. The service now covers 40 per cent of the population and the Government is promising 60 per cent coverage by December.

Areas currently covered by NHS Direct are: the West Country; Birmingham and the Black Country; west London; Hampshire; Essex; Nottinghamshire; Milton Keynes; Manchester; West Yorkshire; Hull and East Lancashire; North West Lancashire; Lambeth, Southwark and Lewisham; and Newcastle and the North East.

The millennium challenge

How many retail pharmacists have yet had the opportunity to think through what the implications of the Christmas and millennium celebrations and holiday period will be to their business and professional services?

While this unique combined event represents one of the greatest business opportunities of our lifetime, the organisational challenges will be formidable and will require careful long-term planning and co-ordination.

Let's paint the scene. For the majority of the British public, there will be the opportunity to take one, two or even three week breaks to celebrate both Christmas and the millennium New Year. Vast sums of money will be spent on special holidays, parties, restaurant meals as well as on memorable Christmas gifts and millennium souvenirs.

"However, this all assumes that pharmacists will not be taking any holidays"

For pharmacists, there could be a significant increase in sales of cold and flu remedies, as people mix together more frequently, and for medicines to relieve the effects of excessive eating and drinking. There may even be an increase in the incidence of food poisoning, as the hotel and catering industry struggles to provide services on an unprecedented scale. A potential retailing bonanza!

So far so good. However, this all assumes that pharmacists will not be taking any holidays, that locums will dedicate themselves to their employers and work over the holiday period, and that pharmacy assistants will forgo all but the statutory holidays and arrive enthusiastically at work each day, while the rest of the nation celebrates.

This also assumes that wholesalers can convince their staff to work normally and that manufacturers will keep a constant supply of products flowing, despite their staff taking extended holidays. This might also assume that pigs can fly!

In reality, very few companies and businesses have even begun to consider the implications of this unique occasion. It's time we all did.

Written by a senior industry manager

Xrayser

Topical Reflections

Contradictory messages from the OFT

It is ironic that at the same time as John Bridgeman has succeeded in having resale price maintenance on medicines referred to the Restrictive Practices Court, he has asked the Competition Commission to determine whether supermarkets are presently operating a monopoly against the public interest.

At first sight these referrals are not contradictory, but a consequence of the free market is that regulatory controls must be carefully applied in order to achieve a difficult balance between competition and monopoly.

It just so happens that one of the arguments against the abolition of RPM on medicines is the potential for moving the concentration of distribution into the hands of those who John Bridgeman is now accusing of operating a monopoly!

John Bridgeman seems to face both ways at the same time. On the one hand he is now accusing the supermarkets of using their power to control the market, while at the same time he is attacking RPM on medicines in order to provide the supermarkets with even more of that power.

And what if the Competition Commission's findings go against the supermarkets? No amount of forced restructuring can ever restore the infrastructure of those community-based shops now they have been forced into closure.

However, the receiver is not yet at my door and I am still providing a community service. The report into a possible supermarket monopoly should be published before the referral of RPM on medicines comes before the Restrictive Practices Court. It could make for interesting reading!

Cold comfort over returns policy on fridge lines

I was recently asked by the diabetic nurse at our local surgery to urgently order an insulin I do not normally



stock, because she wanted it for a patient that afternoon.

Unfortunately, communication between the local hospital, GP surgery and the nurse resulted in the wrong insulin being requested, but I was unable to return it owing to the strict guidelines of the Medicines Control Agency which prevented the wholesaler from accepting the insulin back for re-sale.

This insulin had never been issued to the patient, had been kept in a properly controlled fridge and will probably eventually be destroyed. This time I will receive reimbursement because a script was issued by the GP, but genuine mistakes do occur and neither he nor I can understand the logic behind such strict instructions from the MCA.

I currently do not receive fridge lines from my wholesaler in cool packs, yet this is standard practice when ordering direct from manufacturers. I can understand that they should not be returned once the cold chain has been broken, but if cool packs were obligatory and the drugs were returned immediately to the driver, then a lot of wastage could be avoided.

It is extremely aggravating to be held financially liable for a genuine mistake when with a little thought and not a lot of investment, a much more satisfactory situation could be achieved.

Get the formula right and even I will be satisfied

I have often criticised the pharmaceutical industry for its policy of market fragmentation - in my small pharmacy four sizes, three flavours and the consequent permutations produce an impossible problem.

I never seem to be able to maintain those idealistic planogram shelves. Instead, I have to balance sizes on top of one another, limit the number of flavours and put the low demand products in that messy 'miscellaneous' area away from the public gaze!

Now Reckitt & Colman has produced another variant in its Gaviscon range, liquid sachets. However, this time I have not reacted with suppressed frustration but with wonder that the company had never thought of it before.

Customers often ask for a more convenient alternative to a heavy bottle of Gaviscon Liquid, but when offered the tablets, pale slightly and ask whether I have tried them?

I am pleased and relieved to stock Gaviscon Liquid sachets. They are a similar price to the tablets and so much more palatable. Now all I have to do is persuade my customers to make the switch, and the problem of shelf space will not arise!

Script specials



Third-generation pill advice amended

Third-generation contraceptive pills have been restored to first line therapy status, following a further review of evidence which led to a caution being issued in 1995.

The Medicines Commission review has found no new safety concern relating to the pills. As such, the advice of the Committee on Safety of Medicines of October 1995 stands - that there is an increased risk of blood clots in women taking such pills, compared to second generation pills. However, the MC says that provided women are fully informed of the small risks involved, that their medical history is appropriate, and that a joint decision is reached

between the woman and prescriber, these pills may be prescribed.

The affected pills are Femodene, Marvelon, Mercilon, Triadene, Minulet and Triminulet. New patient information leaflets with clearer warnings about the risks of venous thromboembolic disease (VTE) will be introduced by June.

New warnings for health professionals will also be issued stating: "An increased risk of VTE associated with the use of oral contraceptives is well established, but is smaller than that associated with pregnancy, which has been estimated at 60 cases per 100,000 pregnancies. Some epidemio-

logical studies have reported a greater risk of VTE for women using combined oral contraceptives containing desogestrel or gestodene ('third generation pills') than for women using pills containing levonorgestrel ('second generation pills').

"The incidence of VTE in healthy non-pregnant women (not taking an oral contraceptive) is about five cases per 100,000 women per year. The incidence in users of second generation pills is about 15 per 100,000 women per year of use. In users of third generation pills it is about 25 cases per 100,000 women per year of use: this excess incidence has not been satisfac-

torily explained by bias or confounding. The level of all of these risks of VTE increases with age and is likely to be increased in women with other risk factors for VTE such as obesity."

Announcing the news on April 7, deputy chief medical officer, Dr Jeremy Metters, stressed that the risk of thromboembolism is very small and that the pill is a very effective form of contraception. Women should remember that if they stop taking their pill they are at risk of pregnancy unless they use another effective contraceptive. Pregnancy carries a much greater risk of thromboembolism than any brand of pill.

IN BRIEF

More choice with Zofran Melt

Glaxo Wellcome has introduced Zofran Melt as an alternative formulation of its anti-emetic ondansetron. Zofran Melt comes as a strawberry-flavoured wafer which dissolves rapidly on the tongue without water. Two strengths are available: 4mg (ten, basic NHS price £40.50) and 8mg (ten, £81).

Glaxo Wellcome UK Ltd.

Tel: 0181 990 9000.

Earlier use of Syscor MR

Syscor MR (nisoldipine) can now be prescribed in combination with other anti-anginals as early as one week post myocardial infarction. Its use was previously restricted to one month after MI. The licence extension makes nisoldipine the only calcium antagonist licensed to treat angina one week after MI.

Pharmax Ltd. Tel: 01322 550550.

Differin Cream joins gel

Differin (adapalene) has been launched as a cream to complement the existing gel formulation. Differin Cream comes in 30g packs with a basic NHS price of £8.

Galderma (UK) Ltd.

Tel: 01494 432606.

Lagap Co-codamol

Lagap Co-codamol effervescent tablets have been reformulated to reduce sweetness and improve taste.

Lagap Pharmaceuticals Ltd.

Tel: 01420 478301.

Fortovase: new saquinavir formulation

Roche has launched Fortovase, a new soft capsule formulation of saquinavir with greater drug availability than Invirase, its hard gel version.

While Invirase used in combination therapy improved survival and delayed disease progression in HIV/AIDS, it appeared that sufficient blood levels were not being achieved in all patients. The company's new formulation has now been shown to produce an eight- to ten-fold increase in drug availability over the old formulation. The dose of Fortovase is 1,200mg (6x200mg capsules) to be taken three times a day,

within two hours after a meal.

Although the new formulation delivers more of the drug, it retains the same tolerability profile of Invirase. In a study of 442 patients, the main adverse events were diarrhoea and nausea. Effects on plasma triglyceride levels are minimal.

Fortovase 200mg comes in packs of 180 capsules with a basic NHS price of £99.33.

Roche intends to continue supplying Invirase indefinitely.

Roche Products Ltd.

Tel: 01707 366000.

MIDAS touch for migraine assessment

A new assessment tool has been developed to help healthcare professionals rate the impact and severity of migraine on their patients.

The MIDAS tool (abbreviated from Migraine Disability Assessment Score) comes as a laminated card carrying five questions looking at various aspects of the sufferer's life. The final score indicates the level of impact the migraine has on quality of life and the type of treatment needed, ie whether simple analgesics are sufficient or whether stronger prescribed medicines are called for.

The other side of the card carries a headache reference guide to help pharmacists determine whether the sufferer has an ordinary headache or migraine.

MIDAS is the result of two years'

research and clinical testing by two US doctors and has been developed with the help of an educational grant from Zeneca. Packs containing MIDAS and other migraine literature are available from Zeneca on 0800 262728.

Zeneca Pharma. Tel: 01625 712712.



Roche promotes glucose testing

The price offer on Glucotrend Soft Test System (£14.99, rrp £29) and Glucotrend Premium (£34, rrp £49) runs until the end of July.

Roche Diagnostics Ltd.

Tel: 01273 480444.

Original Calpal Paediatric stop

The one litre dispensing bottles of Original Calpal Paediatric Suspension have been discontinued, leaving the sugar-free variant the only form available on prescription. The decision was prompted by research showing that three times as many prescriptions were written for the sugar-free variant than for the original. All prescriptions written for Calpal or Calpal Paediatric Suspension should be supplied with sugar-free Calpal - all prescriptions will automatically be reimbursed. Calpal continues to be available as both original and sugar-free suspensions.

Warner Lambert Consumer Healthcare. Tel: 01703 641400.

Entera adds fibre

Entera Fibre Plus is now ACBS approved. Each 200ml carton contains 5g of mixed fibre, 60 per cent of which is inulin (soluble fibre) and the rest insoluble oat grain fibre.

Fresenius Kabi Ltd.


Tel: 01925 898000.

Lescol triangle removed


The black triangle symbol has been removed from all material for Lescal.

Novartis Pharmaceuticals Ltd.

Tel: 01276 698370.



**THIS SUMMER, YOUR CUSTOMERS
CAN BE REALLY BRAVE.
THEY CAN SIT IN THE GARDEN.**



MAKES LIGHT OF HAYFEVER

ZIRTEK ALLERGY

PRESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.

USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over: 10 mg once daily. In renal insufficiency halve the dose to 5 mg ($\frac{1}{2}$ tablet) daily.

CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery.

DRUG INTERACTIONS: To date there are no known interactions with other drugs. As with

other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.25.

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 5221/0001.

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD1 1DJ

Date of preparation: December 1998
UCB-Z-99-05





Counterpoints



Otex is earmarked in pharmacies

Dendron is introducing eye-catching new pharmacy PoS material for its Otex ear drops.

In the shape of a giant flesh coloured ear, the new Otex showcard features the brand promise 'reduces the need for syringing'. It is designed to link up with the Otex TV commercial which features a computer animation of an ear.

Otex prescription signing boards with a pen attached also feature the giant ear and brand promise. Otex pens are available for pharmacy staff.

Dendron Ltd.

Tel: 01923 205720.



A new look for Dettol antiseptic range

Reckitt & Colman is repackaging its Dettol First Aid range.

All new packs conform to a common design aimed at modernising the brand.

Different uses for Dettol antiseptic pain relief spray are highlighted by more prominent illustrations of a hand, a bee and a flame on the pack.

The Dettol First Aid range includes Dettol liquid

125ml, antiseptic cream and antiseptic pain relief spray.

Reckitt & Colman Products.

Tel: 01482 326151.



First aid kit for all the family

Advanced Medical Solutions will be launching a new first aid kit in its Activheal range in May.

Activheal Family First Aid Kit contains 27 dressings and four antiseptic wipes. The individually packed dressings combine hi-tech polymers with natural products to prevent scabs forming over a wound, in order to reduce the risk of unsightly scars.

Designed to treat all common household accidents, the kit includes film dressing for minor cuts and grazes; alginate film dressing for bleeding wounds; skin closures and film dressing for deeper cuts; and hydrocolloid dressing for weeping or bleeding minor cuts and grazes.

It also contains blister dressing with added tea tree oil to prevent or treat blisters and hydrogel burn dressing for minor burns and scalds.

Retail price is £16.50.

Advanced Medical Solutions Ltd.

Tel: 01606 863500.

Kleenex helps hay fever sufferers survive the season

Kimberly-Clark is targeting hay fever sufferers in a seasonal promotion for Kleenex facial tissues.

Kleenex Hayfever Survival Kits, worth around £15, are available to all customers through an on-pack

promotion due to begin in May. Consumers simply collect six tear-out ovals from promotional packs of Kleenex facial tissues and post them off with £1 post and packaging.

Each kit includes a hay fever

survival planner; Kleenex Balsam tissues; Optrex Eye Mask; Optrex Fresh Eye Drops; Twinings Herbal Infusions and a Kleenex rucksack.

Kimberly-Clark Ltd.

Tel: 01732 594000.

Allergan puts Pro-Tec in the public eye

Allergan is supporting its Complete Pro-Tec system for soft contact lenses with a £1 million advertising and promotional programme.

A three month advertising campaign focuses on national newspapers' weekend sections and women's and men's magazines in May, June and July. This will be followed by outdoor promotions including posters.

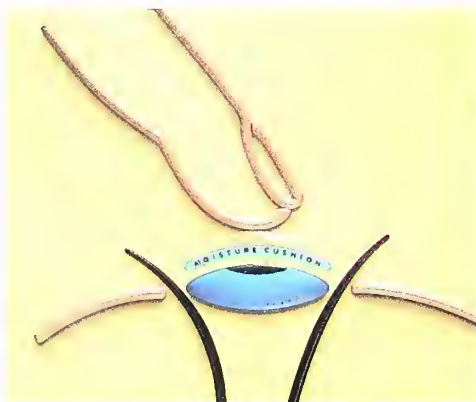
The campaign emphasises that as well as cleaning, rinsing, disinfecting and storing, the solution also surrounds lenses with a moisture cushion to protect

eyes from dryness and irritation.

Support will include trial packs, window display competitions and PoS materials.

Allergan Ltd.

Tel: 01494 444722.



Panadol in jumbo £1.5m TV campaign

SmithKline Beecham is launching a £1.5 million television advertising campaign for Panadol.

The six week campaign features the Panadol elephant family and emphasises the suitability of the brand for asthmatics and people with sensitive stomachs. It will feature the strapline 'for those you care for'.

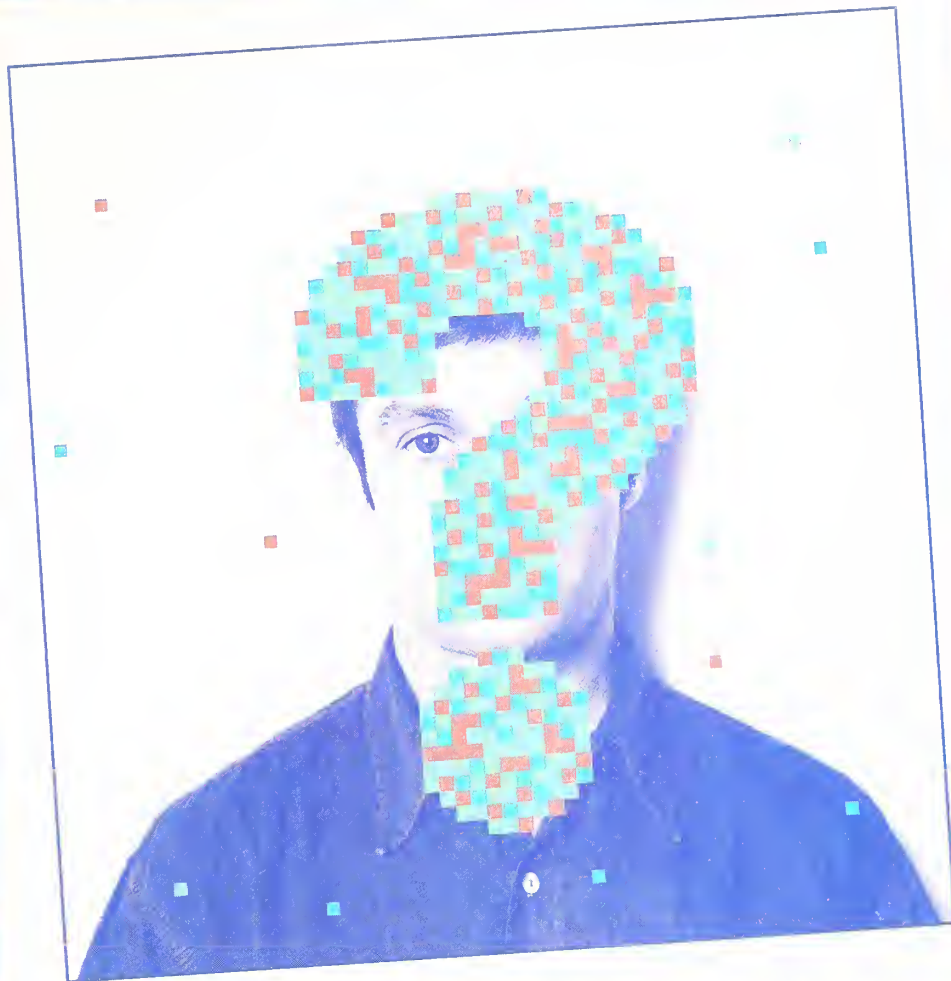
The adverts will appear in the following regions: London, Lancashire,



Yorkshire, Wales and West, Southern and Anglia.

SmithKline Beecham Consumer Healthcare UK.

Tel: 0181 560 5151.



HAVE YOU SEEN THIS MYSTERY SHOPPER? REWARD: Prizes worth up to £100

Over the next couple of months our mystery shopper could be visiting your pharmacy. Like many of your customers, he or she will be asking you about oral hygiene and if you give the right kind of advice, you could bag a prize worth up to £100! Stafford-Miller is totally committed to the independent pharmacy sector and to the promotion of good oral hygiene. As part of this commitment you should have already received

potassium chloride, sodium fluoride, triclosan, strontium chloride

HELP TAKE THE MYSTERY OUT OF ORAL CARE.

Prescribing Information. Presentations: Sensodyne: strontium chloride hexahydrate 10% in pink original flavoured and green mint flavoured dentifrice base. Sensodyne F: potassium chloride PhEur 3.75%, sodium fluoride PhEur 0.32% and triclosan 0.3% in white mint flavoured dentifrice base. Sensodyne Gel: potassium chloride PhEur 3.75%, sodium fluoride PhEur 0.32% and triclosan 0.3% in translucent blue gel mint dentifrice base. **Uses:** Sensodyne: Relief from the pain of dentinal sensitivity. Sensodyne F and Sensodyne Gel: Relief from the pain of dentinal sensitivity, an aid for the prevention of dental caries and contains an antimicrobial agent with proven anti-gingivitis activity. **Dosage and Administration:** To be used 2-4 times daily in place of regular toothpaste. **Contra-indications, warnings etc:** Sensitivity to any of the ingredients. Sensitive teeth may indicate an underlying

problem which needs prompt care by a dentist. See your dentist as soon as possible for advice. **Packaging quantities:** Sensodyne: tubes of 45ml and 75ml. Sensodyne F: tubes of 45ml and 75ml. Pump dispenser of 100ml. Sensodyne Gel: tubes of 45ml and 75ml. **Cost:** (Trade price per dozen) 45ml £16.69, 75ml £28.25, 100ml £36.15. **Legal Category:** GSL. **Product licence nos:** Sensodyne Original PL00036/5011R, Sensodyne Mint PL00036/0055R, Sensodyne F PL00036/0085, Sensodyne Gel PL00036/0086. Further information is available from Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts AL7 3SP. Tel: 01707-331001. Date of revision: August 1997. Sensodyne is a trademark of Stafford-Miller Ltd. Reference 1: Nielson Pharmacy Audit Nov/Dec 1998.

your oral health guide "Taking the mystery out of oral care", (if not contact your Stafford-Miller representative or call Stafford-Miller on 01707 331001). Furthermore with the commitment of a £4m brand support in 1999, it's no mystery why Sensodyne has a massive 89.9% share¹ of the sensitivity sector and that it continues to disappear from your shelves.

STAFFORD-MILLER

Wipe and clean with Nivea Visage

Nivea Visage has introduced Soft Facial Cleansing Wipes to its skincare range.

The new wipes, impregnated with a soap-free emollient, can be used to remove make-up and cleanse your face without drying the skin.

The oils in the emulsion are capable of dissolving face make-up, lipsticks and mascaras, including the new long-lasting, stay-on and waterproof formulations.

Available in packs of 25, the new wipes retail at £3.99. A re-sealable foil pack ensures that they won't dry out.

Beiersdorf developed the product to meet the needs of women who don't want to spend more than a few minutes on a cleansing regime, as well as those who want the convenience of a multipurpose product at the gym or when travelling.

Smith & Nephew Consumer Products.

Tel: 0121 327 4750.



More liquid assets with Dove's pump pack

Elida Fabergé is relaunching its Dove Liquid Soap this spring.

From April 26, the product will be renamed Dove Cream Wash and will come in a larger pump pack, which has been designed to reflect the brand's gentle qualities.

The product combines 25 per cent moisturising cream - to help protect, moisturise and preserve the skin's natural balance - with glycerine for enhanced moisturising benefits.

The new 250ml pack replaces the 200ml size, but the product will still have the same retail price of £1.99.

Elida Fabergé.

Tel: 0181 481 6000.

A new combination from Organics

Elida Fabergé is launching a new Organics shampoo for hair with greasy roots and dry tips.

Organics Combination shampoo is aimed at the 21 per cent of the brand's target market who have greasy or combination hair.

It is formulated with nutrients, to replenish dry tips, and controlling agents, to help reduce greasiness at the roots. Retail prices are £2.19 (200ml) and £3.59 (400ml).

The whole Organics range has new packaging with a pearlescent

finish to create a more feminine, cosmetic look.

Organics conditioners have been repackaged in 'tottles' (a cross between a tube and a bottle) to

make it easier to differentiate between conditioners and shampoos.

The brand will be backed by a £9 million support package which includes a £5.7m TV campaign. There will be a £2m campaign specifically for



Organics Combination shampoo.

Elida Fabergé.

Tel: 0181 481 6000.

SB brushes up with Macleans range

SmithKline Beecham is relaunching its entire Macleans oral care range in May.

Premium toothpaste variants - Macleans Whitening, Total Clean, Total Sensitive, as well as the Macleans toothbrush - will have silver foil packaging. SB has discontinued the Mouth Guard sub-brand and the focus will now be on its parent brand. The Macleans logo has been enlarged and redefined on all packs.

SmithKline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.



ON TV NEXT WEEK

Benadryl Allergy Relief: All areas

Colpermin: STV, G, Y, A, M, CAR, TT, Sat

Deep Relief: C4, C5

Deflamine: All areas

Gaviscon: All areas except CTV

Kwai Garlic: G, Y, HTV, M, TT, C4, TSW

Motilium 10: GTV, STV, B, G, Y, HTV, W, TT, C4, Sat, C5

Sensodyne toothpaste: All areas

Shockwaves: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Product information

Active Ingredient: Peppermint oil BP 0.2ml

Presentation: Light blue/dark blue sustained release enteric coated capsule.

Uses: Relief of the Symptoms of Irritable Bowel Syndrome (IBS).

Dosage and Administration:

Adults and Elderly: 1 or 2 capsules three times a day, according to discomfort, for up to 2 weeks. With medical advice may be used up to 3 months.

Children: No experience below the age of 15 years.

Do not take immediately after food or with indigestion remedies.

Special Warnings and Precautions:

The capsules should be taken whole, they should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth or oesophagus.

The diagnosis of IBS should be confirmed by a doctor. A doctor should be consulted where - (a) patient is 40 years or over with changed symptoms or long gap since last attack, (b) blood passes from the bowel, (c) nausea or vomiting, (d) paleness/tiredness, (e) severe constipation, (f) fever, (g) recent foreign travel, (h) pregnancy or possible pregnancy, (i) abnormal vaginal discharge or bleeding, (j) difficulty or pain passing urine, (k) loss of appetite or loss of weight.

The patient should consult their doctor if new symptoms occur or there is a lack of improvement after two weeks.

Safety has not been confirmed in pregnancy or lactation and it should not be used unless directed by a doctor.

Adverse Effects: Occasional heartburn and peri-anal irritation. Allergy to menthol in the oil is rare: symptoms are rash, headache, slow heartbeat, muscle tremor and clumsiness, which may occur in conjunction with alcohol.

Overdose: Gastric lavage. Symptomatic treatment.

Package Quantities: Colpermin is available in cartons of 20 or 100 capsules.

Price: 20 capsules £2.75 trade, £4.85 RSP (£4.13 exc. VAT); 100 capsules £10.96 trade, £19.32 RSP (£16.44 exc. VAT).

Legal Category: GSL.

Pharmaceutical Precautions: Store below 25°C; avoid direct sunlight.

Product Licence Holder: Pharmacia & Upjohn Ltd, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel: 01908 661101. Colpermin is a registered Trade Mark.

Product Licence Number: PL0032/0218

Date of Preparation: February 1999.

Colpermin

Pharmacia & Upjohn Ltd, Davy Avenue, Milton Keynes, MK5 8PH, U.K.
Tel: 01908 661101.

We got to No1 by putting you first

Colpermin is the OTC market leader* in the treatment of Irritable Bowel Syndrome.

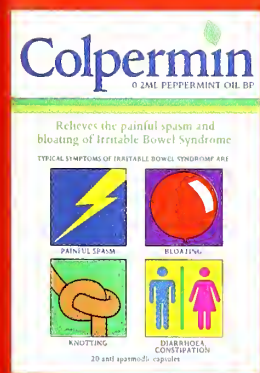
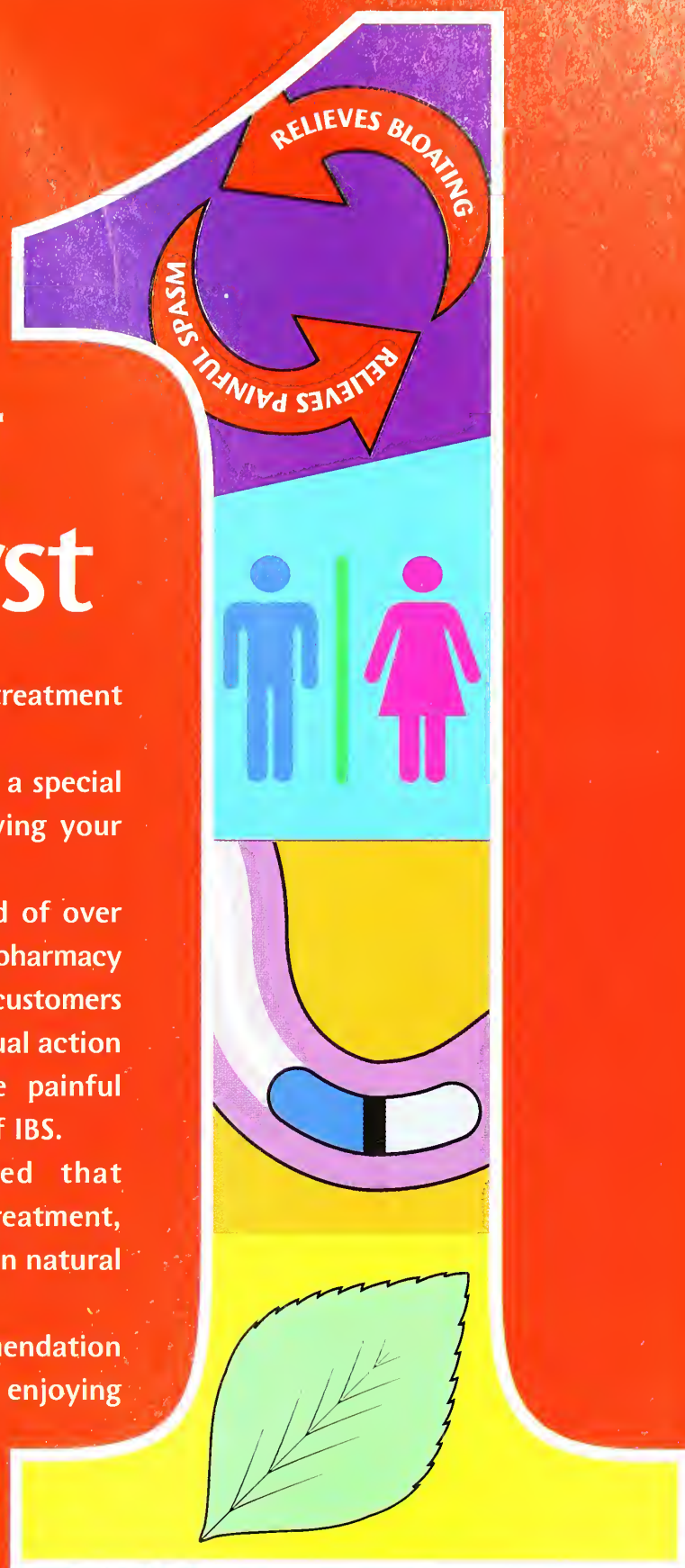
We got there through the combination of a special formulation and our commitment to improving your business.

Thanks to our sustained advertising spend of over £1 million per annum, in conjunction with our pharmacy support programme, your customers quickly appreciated the dual action benefits of relieving the painful spasm and the bloating of IBS.

They were reassured that Colpermin was a natural treatment, containing clinically proven natural peppermint oil.

They were impressed that your recommendation meant that in spite of IBS they could carry on enjoying their lives.

We meant business when we introduced Colpermin and it'll mean consistent business for you.

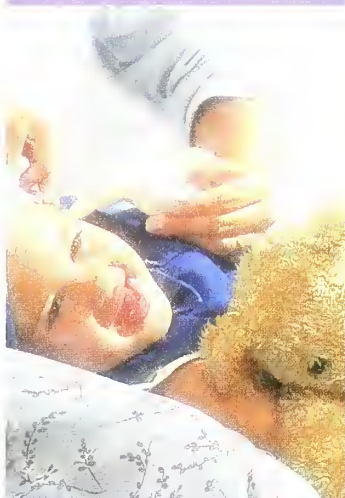


Colpermin
Sustained release peppermint oil BP enteric coated capsules

*A. C. Nielsen, IMS data at time of press.

Relieves the painful spasm and bloating of Irritable Bowel Syndrome

Can we
ASSURE™
her of a
good night's
sleep when
she is
feeling ill?



Maybe not.

But with the new BD
Assure Ear
Thermometer we can
help her on the road
to recovery by
soothing the misery
of temperature taking.

THE NEW
BD ASSURE™
EAR THERMOMETER

**Safe, fast,
easy-to-use
& accurate**

**BECTON
DICKINSON**

**Helping all people
live healthy lives.**

For further information
please contact BD on
01865 781510

Counterpoints

BT talk about new Bodyform packs

SCA is repackaging its Bodyform pantyliners and introducing a free BT Talktime promotion.

Packs now have a colour-coded stripe - red for Soft & Shaped pantyliners, green for Ultra Normal, and blue for Ultra Large - as well as an 'everyday freshness' logo.

The BT Talktime promotion is being advertised on 16 million new packs, as well as on 24m Kleenex Velvet packs. Each pack has a ten minute Talktime token which should be sent off. Tokens are processed by BT and minutes credited to the claimant's next residential statement. The promotion runs until the end of June 2000.

● Bodyform's Careers Awards will be launched at the Cosmo Show on April 29 - May 3. Entrants

should state why they are eligible for their share of the £25,000 prize money and how they would use their winnings to further their career. Entry forms are available from the show, careers offices, magazines and newspapers.

● From June, Bodyform will have its own interactive UK web site, located at www.bodyform.co.uk.

SCA Hygiene Products Ltd. Tel: 01322 303057.



Ear piercing from Paul Murray

Paul Murray is launching the Inverness ERI Rotary Ear Piercing System into pharmacies.

The range includes a starter pack with an ear piercing gun, marker pen, 24 pairs of assorted studs and a bottle of ear care solution.

The system is designed to load once and pierce twice - the gun does not touch the ear.

The earrings and clasps are sealed inside pre-sterilised disposable capsules until the ear is pierced. The selection of studs features pearls and birthstones as well as gold, steel and zirconia studs. Prices range from £0.49 to £52.50.

**Paul Murray plc.
Tel: 01703 268444.**

Waking up to a close shave

Gillette is supporting its Mach3 shaving system with a £10.5 million advertising campaign in the UK.

A new TV commercial features three men in different parts of the world waking up to the sound of a jet breaking the performance barrier and urges them to shave with Mach3. The

commercial is on TV for the first time this month and will be on screen again later in the year.

The advertising is part of a \$100 million global campaign to drive trial and awareness of the shaving system.

**Gillette UK Ltd.
Tel: 0181 847 7268.**



Diffucan One sits pretty



One capsule once.

Clears vaginal thrush.

Diffucan One is a prescription medicine. It is not a contraceptive. It is not for use in pregnancy. For further information, call the Pfizer Advice Bureau on 0191 265 5027. One capsule once. Clear vaginal thrush.

Pfizer Consumer Healthcare is supporting its Diffucan One brand with a new poster campaign.

Over 2,000 posters will be placed on the back of cubicle doors in ladies' lavatories in 160 major shopping centres between May 17 and June 13.

The campaign uses the image of a glass of water and a Diffucan capsule to reflect the simplicity of oral therapy for vaginal thrush.

**Pfizer Consumer Healthcare.
Tel: 01420 84801.**

IN BRIEF

So there!

Network Health & Beauty has been appointed as the distributor for the Sa... brand in multiple and independent chemists. The teen brand, which has been taken over from Yardley of London, includes six variants - Sa..., Sa... Inspired, So... Connected, So... There, Sa... Desirable and Sa ... far Him.

**Network Health & Beauty.
Tel: 01252 533317.**

Clean sweep

Reckitt & Calman will be introducing a new 'long lasting clean feel' claim on its Sterodent denture core packs from May. A new consumer leaflet entitled 'Caring for dentures' is available for in-store display. Pharmacies can obtain copies by calling 0800 111 345.

**Reckitt & Calman Products Ltd.
Tel: 01482 326151.**

Preparing for pregnancy

A new booklet providing advice for mothers-to-be has been produced by WellBeing, the health research charity, in association with Vitabiotics' Pregnocare supplement. 'Preparing for pregnancy' is available free to retailers to pass on to customers.

**Vitabiotics Ltd.
Tel: 0181 902 4455.**

SURVIVAL KIT



To survive in pharmacy you have to use your most primitive business instincts. One of which is to recommend reliable brands to valued customers. Rhône-Poulenc Rorer supply four such brands, all offering excellent sales opportunities throughout summer.

Anthisan with 60.1%* of the bites & stings market. Opticrom with 69.5%* of the sodium cromoglycate allergy eye drop market. Brolene with 86%* of the infected eye market. And Dioralyte with 74.3%* of the oral rehydration market.

Support and merchandising materials as always will be on hand from the Fisons sales force. And urgent stock supplies can be had from your local representative or by calling telephone 0990 133347.

Rhône-Poulenc Rorer. Helping to keep pharmacy business alive.



AVAILABLE
FROM YOUR
LAGAP REPRESENTATIVE
OR YOUR LOCAL WHOLESALER

NEW
FROM LAGAP

NEW IMPROVED TASTE!

Co-Codamol Effervescent Tablets 8/500 mg

Each tablet contains :
Paracetamol BP 500 mg and Codeine phosphate BP 8 mg

100 Tablets



CO-CODAMOL EFFERVESCENT TABLETS

8/500 mg



Sustained Success

PHARMACYupdate

Needless worry

Goronwy Bennett-Williams, a community pharmacist and joint co-ordinator for Needle Exchange North Wales, passes on some of his vast experience of providing such services

In the hectic life of the community pharmacist, time pressures increasingly force us into making changes. What remains close to our hearts, however, is the ethos that NHS services through pharmacies should be available equally to all.

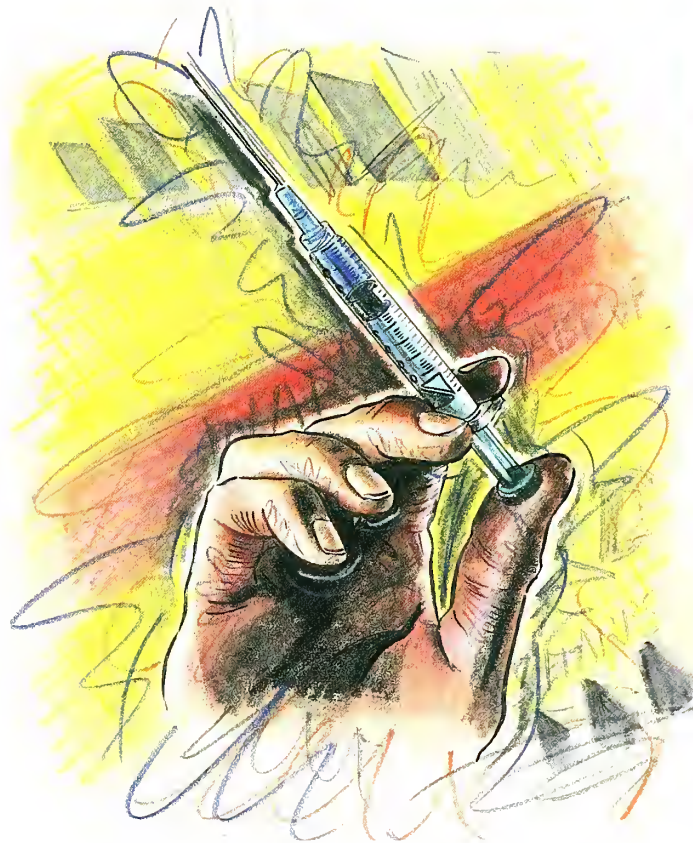
This applies particularly to services for drug misusers, who present a challenge to all that community pharmacists represent.

Pharmacists have a high level of education and product knowledge and tend to conform to all aspects of legal and professional control. Drug misusers suddenly confront pharmacists with a chaotic, ignorant and disrespectful element of today's society, bent on inverting all our cherished principles.

Yet we have a service and a delivery system to offer which are simultaneously both ideal and essential to their health – and to those in their community.

It is important that the provision of sterile injecting equipment is not made synonymous with drug misuse. The client group may be the same, but the objectives are quite different. Here we have the ability and responsibility of preventing serious disease in a group which is itself (temporarily) unable to do so.

The whole arena may appear stressful and unsuitable for busy pharmacists, but this article aims to give you the armour that can turn stress into satisfaction and discouragement into pride in a valuable and necessary service. Few professions can offer such opportunities in this field.



discussion with them, maybe a tea-break, or during quiet moments, will provide the pharmacist with an invaluable asset in dealing with a difficult client group.

Nurture and encourage good morale in your staff, maintaining it, if necessary, with outside help from other agencies and individuals eg local needle exchange co-ordinator, community drugs service (CDS), health promotion units and local authority drugs and alcohol team members (LATs).

Location

Pharmacists are perceived as the user-friendly, caring professional with an open door on the High Street.

Normally word of mouth will suffice to advertise needle exchange services. Discreet logos, door or window stickers can be deployed or even a window display. Whatever the method, local awareness needs to be raised.

Premises

A discreet area of the pharmacy is a high priority for safe, semi-private needle exchanging.

The yellow sharps collection bins can be brought here with sufficient space remaining for the pharmacist or staff member to stand back and safely allow the users themselves to dispose of used equipment.

A secure area of the back shop should be available to return and



Needle exchange

The do's and don'ts of providing services to drug misusers

The job club

The pros and cons of childhood immunisation

First Person

A personal view of living with rheumatoid arthritis, having been diagnosed at the young age of ten

VIII



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1123), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D MAY 8, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of the need for a needle exchange service in the community
- To understand the principles behind protocols
- To recognise the importance of empathy when dealing with patients
- To be aware of the support and resources available

store bins while in use. The area should be appropriately labelled, as for example with domiciliary oxygen equipment. Clean packs for issuing to clients should ideally be stored elsewhere. This would also be the area for positioning service protocols and displaying any emergency procedure information.



Protocols

In today's extended hours and busy dispensing business we all need time off.

We employ part-time, job

Continued on P11 →



Facilities and resources

Staff

Undoubtedly the largest and most essential facility is a co-operative, caring and willing staff. Time spent in informed open

Continued from PI

sharing staff and rely heavily on locum cover. In many of the smaller branches of large multiples which I visit, there is no permanent manager, only day-to-day locum cover arrangements.

Protocols are essential for staff to know what the policy and procedures are for each shop. The production of these is time consuming but a once only task, and thereafter a constant standard of good practice.

Note that needle exchange service provision to under 16-year-olds is discouraged and, unless exceptional circumstances apply, any enquirers should be referred to specialised services, such as the CDS.

Additionally it is good practice to ensure your professional insurance covers the activities you are performing. Remember also to prepare a COSHH entry to deal with returned contaminated sharps.

An excellent, more detailed guide has been included in the NPA Resource pack 'Syringe and Needle Exchange'.

Beware of the unprepared locum who can precipitate an unpleasant situation, especially if he/she disapproves of needle exchange or, worse, refuses to offer the service. Good practice again would be to talk through all aspects of your service with locums personally beforehand.

Needle exchanging

Always maintain good stock levels. Refusal or denial often triggers a difficulty in the pharmacy.

Explain how the exchange works – encouraging clients

Preparing protocols

Why not arrange a session with your staff to assess the provision of needle exchange or methadone repeat dispensing? Draw up your own personalised protocol, such as you would wish to see if providing locum cover yourself. You might consider the following:

- detailing your local health authority working policy
- nominating trained staff allowed to help in service provision
- listing help-line numbers (see sources of support below)
- displaying any post-exposure prophylaxis (PEP) service which applies in your area
- outlining spillage procedures and the location of spillage packs
- adding your own hints and tips
- laminating your protocol and PEP guidance and displaying them near the storage area for needle exchange materials.

always to bring back returns which enable the service to continue. If necessary, arrange a quiet time at the day in which to offer the exchange. You may even wish to have a colleague or drugs team member at hand to be introduced if appropriate.

But always remember that we are offering the free service and the initiative is the pharmacist's to take. Don't become intimidated by apparent aggression and avoid confrontation if at all possible.

Identify a user-friendly member of staff. Arrange to have them at hand for the exchange. They can build confidence and rapport with clients which you can put to positive use. You may consider nominating the staff who are to be involved with drug abusing clients. If so, include their names in your protocol and involve them in ongoing training.

Problems arising from a failure to return used equipment are common. Ideally we always prefer returned equipment, but slightly more important is the supply of clean equipment to an existing user.

Consider issuing 'emergency packs' (if your health authority approves) containing only one or two syringe/needles rather than denying supply altogether, until compliance is restored. This contingency also serves to remind the client of the exchange nature of the service.

If problems frequently crop up with the service, then you may consider drawing up your own 'contract' or 'charter'. Such an agreement specifies the relationship between pharmacist and client.

Include in this 'contract' such topics as the need for mutual respect and courtesy, prompt reception and service, assurance of confidentiality, any data collection requirements, good return rates, ideal time of day for exchanges etc.

Always assume the worst from an infection transmission perspective. We have to assume that all clients are potential carriers of all types of viral infections and all materials returned must be likewise considered. This is good practice in general, since familiarity and complacency are comfortable states which we can all readily entertain.

One of our local pharmacists was presented with a bag of returned 'medicines and drugs' found in the school playground and brought in by a respected teacher. The pharmacist accepting the paper bag received a puncture sharp-stab wound from an unprotected needle within the paper bag. Ask to see every return before handling it and never handle sharps.

A useful service enhancer is the production of a list of local

Empathy

Client knowledge is vital. To embark successfully and sustain a meaningful service which will be rewarding for both the provider and recipient, pharmacists must have the correct mental attitude towards the client.

Most of us will have realised the client could even be our own child, experimenting or relying on illegal drug usage. With this concept in mind it becomes easier to accept that many are relatively 'normal' human beings.

To our amazement we can find some clients to be genuine needy people beneath a veneer which frequent indulgence in illegal activity is bound to produce. They experience similar physical, social and spiritual needs as do the remainder of society. Understand them and you may 'win' them.

While running first a local youth group and then a voluntary drugs counselling agency, I never ceased to realise that drug users 'lock' themselves away from family and friends often for social and economic reasons. Wrong decisions had been taken, in common with all of us, which resulted in their anti-social behaviour.

Like a child on an indulgent and exhilarating carousel ride, drug users cannot easily be persuaded away. It may be more effective to remain steadfastly in the one place and await the inevitable sickness of their over-indulgence. Then is the time to offer them guidance and help them to step off the carousel, and out of their old lifestyle.

We do not tell them of the 'dos and don'ts' but talk normally to them and listen, occasionally inserting 'I think ...' when the time is right.

agencies and services for drug misusers. Such information can be used by your client as a first step towards reducing dependence and it generates an interest in the client's wellbeing.

Most counties now support a local drugs and alcoholic action team (LAT) normally chaired by a member of the Social Services. Ask them for an updated list of statutory and voluntary services in your areas. You could even invite a speaker to talk with your staff.

Sale of paraphernalia is an issue. While pressure groups are striving for legislation, it remains unlawful to supply products which aid and encourage drug abuse. Here we have the anomaly of supplying clean sterile equipment while denying sales of citric acid, purified wafer (POM), tourniquets, filters etc.

This is particularly distressing since recent evidence suggests that the paraphernalia are instrumental in hepatitis C transmission, which is currently running at a high level among the client group.



Pharmacy considerations

Don't forget that time spent in preparation is never wasted. Prepare your attitudes primarily. Try and envisage, with your staff, the difficult situations or questions you could face. Then decide on and familiarise yourself with that pre-determined policy.

For example, how would you:

- refuse a citric acid sale
- respond to a client simultaneously presenting a methadone repeat script and requesting the needle exchange service
- deal with a client below the age of 16

- include the need to advise on safer sex, and the use of condoms
- retain confidentiality when a parent or family member makes enquiries?

Our clients' confidence in the profession is not automatic. If we lose their trust, even more chaos may be precipitated into their lives. Strive always to see the public health aspect of needle exchange, for the individual and for your community, as a separate issue from their drug abuse activity.

Be aware of, and familiarise yourself with, the support network which is available to you. The local co-ordinator should help out and many national resources such as the NPA publications can be used.

Look out for dissatisfaction in your own staff before it matures to a crisis. Keeping abreast with 'the scene', which almost by definition is constantly changing, means you are forewarned of the clients' perceived needs, requests and expectations.

Ask what is the most commonly injected drug. Is it a stimulant or a depressant? How would a client's attitude differ depending on their misused substances?

In our daily counselling of patients we continually strive to offer hope to people about their conditions. We know the value of hope for the infirm, for the anxious and the social outcast. Contrary to many opinions, there is hope for drug abusers.

We have already considered where they may be at, but the many anecdotal tales of successful outcomes to our combined efforts introduce hope into the equation. We need to remind ourselves that the reference point, the gold standard, must ultimately be abstinence.

Continued on PIV →



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Continued from P11

To obtain as normal and as healthy a lifestyle as possible for the user has always been and will remain our goal. We may see that fully achieved, maybe only partly so, or even see no progress at all.

It is their status regarding hepatitis or HIV infection at the end of a drug injecting career that is our most relevant parameter of success. Others have walked this path and when the time was correct, have turned away from abusing drugs and succeeded.

British pharmacists have responded with excellent foresight in this field and consequently most of our country enjoys much lower levels of HIV infection than similar European countries. The end of an injecting career can come at any time and the users who face the life-changing challenge, and take it, provide exciting conclusions to all our efforts.



Support

Help and support is essential for

pharmacists who are often working in their own environment at difficult times and under more than occasional stress.

Many agencies and sources of help are available. These include:

- Local health authorities, as well as defining their needle exchange scheme, will employ a co-ordinator who should be your first contact point. The same HA also organises the CDS, health promotion units and public health departments.
- The National Pharmaceutical Association has recently completed an excellent document on all aspects of needle exchange. It includes a comprehensive index of sources of material and professional help as well as a 'pick 'n' mix' section to enable each pharmacy to produce a customised working protocol, a specimen COSHH book entry dealing with needle exchange and a sample record keeping sheet for the essential analysis data.
- The Royal Pharmaceutical Society's ethical guidelines are paramount in all our activities and define our legal and ethical position in the provision of this service. It is to be hoped there will be a rationalisation and relaxation



of some points mentioned above as a result of the working party report on services for drug misusers.

The 1998 British Pharmaceutical Conference dedicated a morning session to drug abuse and the strong voice of opinion in favour of change was heard.

● The Pharmacy Misuse Advisory Group (PharMAG) has recently been set up for pharmacists with a special interest in drug misuse. The group intends to provide an information and support network. It will also publish regular bulletins containing articles and developments in the field.

Needle exchange co-ordinators may consider obtaining copies for their services outlet pharmacists.

● As described in the text, pharmacies should compile a local quick access list of relevant agencies – needle exchange co-ordinator, community drugs team, public health, environmental health, LAT, nearest casualty A&E unit.

Suggestions for success

An informative window display, displaying or wearing user-friendly logos or badges, and having well trained and positive members of staff are all factors which will

attract attention from potential users of your services.

Capitalise on national opportunities such as World Aids Day and European Drug Awareness Week or local press initiatives, to generate an awareness of today's community needs and to advertise your specialised service.

But, above all, maintain a fresh approach to the work. Read and share opinions with colleagues and other service members.

A multidisciplinary approach can strengthen your position and thereby the quality of your service, and help keep you sane!

In conclusion...

The support network at our disposal reveals our ideal position to take a lead role in needle exchange.

Community pharmacy provides a valuable service for both the users and the community at large. And we have more than this: we are among the few professions with access to such a sub-culture while retaining a position of respect and authority in the High Street and with other professionals.

Pharmacists can offer advice and encouragement, drawing on knowledge of aetiology, infection transmission and its control as well

RESOURCES



1. NPA Resource Pack, 'Syringe and Needle Exchange' available from Malinsan House, 32 St Peter's Street, St Albans, Herts AL1 3NP
2. PharMAG magazine. General inquiries to Kay Roberts tel: 0141 201 4891.
3. Local Drugs and Alcohol Team (DAAT), c/a local Social Services.
4. Local Community Drugs Team, c/a local Health Authority.
5. Author available to help. G Bennett-Williams tel: 01492 549261.

as referring individuals to specialised services.

A word of warning, however, to the over-enthusiastic. Be wary of entering the arena of counselling unless you have a proven gift in this field, you can commit the time or you have undergone some training.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. Do you agree with the view that all pharmacies should provide a needle exchange facility? Discuss this with local colleagues.
2. Assuming you wish to provide a needle exchange service, look at your premises and find sites for a 'quiet' area and a storage area.
3. Think about your staff. Should you train all of them or only the dispenser or medicines counter assistant?
4. Write a plan for a meeting with staff and ideally your relief/locum pharmacist to discuss protocols. First obtain suitable training or information packs.
5. Do you agree with the idea of advertising needle exchange services? If so, think about the message and medium.
6. Does your area have a needle exchange co-ordinator? Contact them to discuss your intention of setting up a scheme.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the

May 8 issue, which will cover this week's CPP-accredited modules, together with those in the April 3 issue.

In other words:

- Pharmacoeconomics (1122)
- Needle exchange (1123)
- Childhood vaccination (1124).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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GENUS PHARMACEUTICALS

The jab club

In spite of vaccine scares, the consensus is that the benefits of childhood immunisation outweigh the risks. *Adrienne de Mont* outlines current practice

Childhood immunisation programmes have saved countless lives and much illness. But their benefits have been tainted by scares, as with the controversy over mumps, measles and rubella (MMR). Understandably, parents are concerned about the possible risks.

Since the introduction of mass measles vaccination in 1968 and MMR in 1988, measles has been reduced to just 4,000-5,000 cases a year. So the risk of serious disease from measles itself is less than the risks that arise, very rarely, from the vaccine. But there is concern that, if all parents took this argument to its logical conclusion and decided not to vaccinate their children, measles would soon become a public health hazard again.



Disease risks

Although most of the diseases for which vaccination is given are either rare or relatively minor, they can have serious consequences.

● Hib

About 60 per cent of cases present with meningitis, often accompanied by bacteraemia. About 15 per cent have epiglottitis, while septicaemia occurs in one-tenth. Other complications include septic arthritis, pneumonia and pericarditis. Meningitis can result in deafness, convulsions and intellectual impairment. The peak incidence is around ten months of age and the disease is uncommon after the age of four.

● Measles

Complications have been reported in one in 15 notified cases. Encephalitis occurs in about one in 5,000 cases, of whom about 15 per cent die and a further 20-40 per cent suffer permanent brain damage. Subacute sclerosing panencephalitis is a rare but fatal late complication. Other risks of the disease include croup, pneumonia and otitis media.

● Mumps

Before MMR, mumps was responsible for 1,200 hospital admissions a year in England and Wales. In the under 15s it was a

common cause of viral meningitis. It can also cause deafness at any age. Other complications include pancreatitis. Orchitis occurs in up to one-third of males who suffer from mumps as an adult.

● Rubella

In childhood, rubella is a mild illness that may hardly be obvious. But if a woman is infected in early pregnancy it can be disastrous to the unborn baby. The virus disrupts foetal cell development resulting in congenital rubella syndrome. The eyes, ears, heart and brain are most frequently damaged, but any organ can be involved. Nine out of ten babies whose mothers have rubella in the first ten weeks of pregnancy will have some kind of handicap. The defects are rare if the infection occurs after 18 weeks.

The aim of rubella vaccination is to prevent infection in pregnancy. In the 1970s, the selective strategy of immunising girls and non-immune women dramatically reduced the number of babies born with defects and the incidence of

abortions due to rubella. But some women slipped through the net and experts decided that all young children should be vaccinated.

● Polio

The more severe cases can result in paralysis. Although rare in the UK (only two cases were notified in 1996-97), polio is still endemic in some developing countries.

● Whooping cough

Complications include bronchopneumonia, weight loss due to repeated vomiting after coughing, and cerebral hypoxia leading to brain damage. Severe complications and death occur mostly in babies under six months.



The vaccines

Vaccines for routine immunisation are obtained directly from health authorities or, in England, from Farillon and not on FP10.

In general, if the child is suffering from a minor infection, vaccination can still go ahead



Pasteur-Mérieux, MND



THE COLLEGE OF
PHARMACY PRACTICE

THIS COURSE (MODULE 12.1),
IN ASSOCIATION WITH MULTIPLE
CHOICE QUESTIONS BEING
PUBLISHED IN C&D MAY 8,
PROVIDES ONE HOUR'S
CONTINUING EDUCATION

OBJECTIVES

- To be aware of vaccination programmes in place in the UK
- To understand the health risks of not vaccinating
- To be aware of the vaccination products available
 - To be familiar with immunisation schedules
- To be aware of the possible risks of some vaccines

providing there is no fever or systemic upset. In any other acute illness, immunisation should be delayed.

● Hib

Hib vaccine is recommended from the age of two months, given as three doses at intervals of four weeks. Children who have not been immunised in infancy can be given a single dose at 13 months to four years old. It can be given at the same time as other vaccines.

The single component vaccine is a capsular polysaccharide of *Haemophilus influenzae* type b, conjugated to proteins to improve immunogenicity. Vaccines are available combining Hib with diphtheria toxoid, tetanus toxoid and *Bordetella pertussis* cells.

Swelling and redness at the injection site, lasting less than 24 hours, have been reported in about 10 per cent of cases.

● MMR

Two doses are recommended, one soon after the first birthday (for maximum effect) and the other before school entry, although it can still be given to older children.

The three live attenuated viruses in the vaccine produce immune responses and adverse reactions at different times, just as the three diseases have different incubation periods. A measles-type rash may occur within ten days, while a mild form of mumps may present after about three weeks.

Immunisation should be postponed if the child has an acute illness, unless it is a minor one without fever or systemic upset.

The MMR vaccine has an excellent safety record, but in the mid 1990s there were concerns

Continued on PVI

Continued from PV

that the vaccine could cause autism and inflammatory bowel disease. Researchers suggested a possible link between measles and Crahn's disease and that vaccines containing live measles viruses might also have the same effect.

But the latest official advice is that there is no evidence of any link between measles, measles vaccine, MR or MMR vaccine and inflammatory bowel disease or Crahn's disease.

Fears about autism arose when parents noticed changes in their child's behaviour in the second year of life, soon after they had received MMR vaccination. It was thought that MMR could damage the bowel, making it unable to cope with naturally occurring opioids which then affected the brain. Other researchers discredited this hypothesis, pointing to a lack of evidence that MMR damaged the bowel and the fact that vaccination coincided with the time the first signs of autism usually occurred naturally. In addition, the increased incidence of autism in recent years started well before MMR vaccination and did not change when the vaccine was introduced. Nor is there a link between autism and the diseases caused by wild measles, mumps and rubella viruses.

Late last year a further Swedish study of 55 children found that more children with autism were born before the introduction of MMR vaccine than afterwards⁴.

Some parents concerned about the effects of MMR have been seeking a single antigen measles vaccine from Europe, which is unlicensed in the UK and available only on a named patient basis. But there is no evidence that splitting the three components makes vaccination any safer and, because the individual vaccines would have to be given over a longer period, children would remain susceptible to harmful diseases for longer.

MMR is contra-indicated in untreated malignancy and in immunocompromised children, as well as those allergic to neomycin or kanamycin. It must not be given less than three weeks after another live vaccine (apart from oral polio vaccine), and a gap of three months is recommended between two MMR vaccinations.

● Polio

Live oral polio vaccine is recommended for infants from two months old, as a course of three doses at monthly intervals. It is given at the same time as diphtheria, tetanus and pertussis (DTP) and Hib. A booster dose is given on school entry, at least three years after the basic course.

The vaccine virus can be excreted in the faeces for up to six weeks and may infect non-immunised contacts.



The benefits of childhood vaccination far outweigh the risks

While this can confer immunity, there is the rare possibility of vaccine-associated paralytic polio (VAPP). So people in contact with recently-vaccinated babies should take care with hygiene, especially when handling nappies.

An inactivated vaccine is available for immunocompromised people or those in contact with immunocompromised patients. The live vaccine stimulates an antibody response in both the blood and gastro-intestinal mucosa, while the inactivated vaccine produces a strong antibody response in the blood but lower mucosal immunity.

Vaccination should be postponed if there is acute or febrile illness, vomiting or diarrhoea. It is also contra-indicated in malignant conditions where the immune system may be impaired or in children taking high-dose corticosteroids, immunosuppressants or receiving radiotherapy.

The oral vaccine may be given at the same time as inactivated and other live vaccines apart from oral typhoid.

● Diphtheria, tetanus and pertussis

The three are usually given in combination as adsorbed DTP vaccine containing diphtheria and tetanus formal toxoids and killed *Bordetella pertussis*. The triple vaccine is recommended from age two months, as a course of three doses at intervals of four weeks. If the primary course is interrupted it should be resumed but not repeated. A single booster dose of adsorbed diphtheria and tetanus vaccine is given at least three years after the first course.

A monovalent acellular pertussis vaccine is available on a named patient basis for those who did not receive it with earlier vaccinations.

Children who have had febrile

convulsions or epilepsy, or a family history of them, may still be immunised if the epilepsy is well controlled but precautions should be taken to prevent fever. The risk of febrile convulsions is greater after six months of age.

Swelling and redness at the injection site are common. Crying, screaming and fever have been reported after DTP and DT vaccines.

Fever in babies at two to three months can be treated by paracetamol. Parents should seek medical advice if pyrexia persists.

Pertussis was the subject of a safety scare in the late 1970s, when some vaccinated babies suffered severe neurological disorders, including encephalopathy and prolonged convulsions, which led to permanent brain damage or death. But similar illnesses can occur in babies who are not vaccinated, and studies have failed to confirm that the vaccine carries an increased risk. Neurological complications are much more common after whooping cough than after the vaccine.

Children who have had a general severe reaction to the vaccine (temperature of 39.5 deg C or more within 48 hours, bronchospasm, high-pitched screaming for more than four hours or convulsions) should not have further pertussis, but could continue with DT vaccine.

● BCG

The vaccine is a live attenuated strain of the bacillus Calmette-Guerin, which stimulates immunity to *Mycobacterium tuberculosis*.

The vaccine is given routinely by some health authorities in areas of high risk, for example, where there are outbreaks of tuberculosis or a high immigrant population. Children born in the UK to immigrants from countries with a high incidence of the disease are

Immunisation schedules

First year (at two, three and four months): Diphtheria, tetanus, whooping cough (DTP)
Polio
Hib

Second year (at 12-15 months): Measles, mumps, rubella (MMR)

Pre-school (four to five years): Boosters of MMR, polio and diphtheria, tetanus (DT)

Ten to 14 years: BCG

vaccinated within a few days of birth or at the same time as the first dose of routine immunisations.

Babies up to three months old do not need a tuberculin skin test for hypersensitivity. At ten to 14 years a single dose of BCG vaccine is given to children who are tuberculin-negative.

Serious reactions are uncommon. A small swelling appears at the injection site after two to six weeks, progressing to a papule or ulcer which should heal within three months. There is no need to protect the site when washing, but if oozing occurs a dry dressing may be used until a scab forms. An impervious dressing may be used for short periods when swimming. Prolonged ulceration or abscesses can result from faulty injection technique or if the vaccine is given to tuberculin sensitive people.

● Hepatitis B

The National Screening Committee has recommended that all pregnant women should be offered antenatal screening for hepatitis B. All health authorities have to make arrangements by April 2000 for implementing a screening programme and immunising babies born to infected mothers. The infants would receive passive immunisation with hepatitis B immunoglobulin at birth, together with a course of hepatitis B vaccine.

References available on request. C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. Make a list in your practice workbook of a vaccination programme for a newborn child.
2. Which vaccines do you stock? How do you overcome the problem of short shelf life?
3. How would you respond to a mother's concerns over the MMR vaccine?
4. Find out the incidence of TB in your area. Should all children in the area have BCG vaccination?

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Rheumatoid arthritis is not just a disease suffered by older people. **Karen** was a ten-year-old gymnast when she was diagnosed. She tells her own story

Rheumatoid arthritis

My rheumatoid arthritis was first diagnosed when I was ten years old. I had been a competitive gymnast. I loved sport and was a very active child. It all started at the beginning of 1981 when I had a training accident, landing awkwardly on my right knee.

Initially, it was treated as a sports injury. After a while it still had not settled and one morning I woke up and my knee was the size of a football. My mum took me to casualty at West Herts Hospital in Hemel Hempstead where they drew fluid off the knee. They also did a blood test which proved positive for rheumatoid arthritis. My parents were shocked and initially thought that they must have the wrong results. Children and arthritis don't go together. At this point, arthritis did not mean much to me. It was when I was told that I would not be able to do my much loved gymnastics ever again that I realised how serious it was.

By May 1981, I had been referred and admitted to Northwick Park Hospital in Harrow, under the supervision of the leading expert in arthritis in children. In the three weeks that I was in hospital, the disease spread from my right knee to my wrists and ankles. I had physio and hydrotherapy treatment and a course of drug treatment. Hand splints were made for me and I also had a splint for my right knee. I didn't like those much, I can tell you.

My family had to learn all about arthritis and the treatment

involved. It was a lot to take in. My brothers were aged 13 and 16.

I lost out altogether on about two years of my school life. I left with various CSE grades 4 and 5, surprised that I even got those.

Before my mobility was affected too much, I learnt bolero, disco and Latin American dancing. I also achieved my 1,000m swimming badge. Unfortunately, as my arthritis progressed and my mobility was worsening, I had to give these activities up.

In the early part of 1984, my parents divorced. This put an extreme strain on things including my arthritis. My mum remarried later that year and we moved from the family home. Over a period of time things straightened out a bit.

When I left school in 1986, I started full-time work for a small firm as an office junior, then went to work for a solicitor where I stayed for nine years. During this time, I was in and out of hospital having treatment. In early 1987 my walking was severely affected and periods of sickness were becoming more frequent.

I was involved in a car accident in July 1987 which exacerbated the problem with my hips and landed me in hospital for traction for two weeks. In September I had my first major surgery. I had my left hip replaced. This made a big difference to my mobility, although my right hip was still giving me problems. In February 1988 my right hip was replaced. I had a new lease of life.

My arthritis over the next five years was up and down. The joints that bothered me the most were my knees and I had many steroid injections. In 1989, I had surgery in connection with the autoimmune disease myasthenia gravis that I also suffer from. I had this operation done at The National

Hospital in Queen Square, London.

In 1993 my work hours were reduced and in February 1995, I left work due to illness. The pain I was in was indescribable. I was admitted to Wexham Park in June. I could not sit up or get dressed on my own. My shoulders were the main problem and they affected everything else. My ankles were injected and placed in plaster boots. This did not work and I was going into depression which almost ended with an overdose. I was caught in time and the following day I saw a psychiatrist and was placed on anti-depressants. My drug treatment was changed to try to improve my arthritis. I also saw a surgeon who discussed the possibility of having my shoulders replaced. I was discharged in early August 1995.

During the time I was in hospital, I was put in touch with Young Arthritis Care. I joined and went on a personal development course in Peterborough. This was a crucial turning point. The course taught me how to put my life back into some sort of order. A lot of people on the course were area contacts for Young Arthritis Care. They were voluntary workers who form a network of support for sufferers, their families and friends. I knew this was the sort of work I wanted to do.

In November 1995 I had my right shoulder replaced. This was a great success and a month later I moved into my own ground floor flat where I still live with my two cats and a Jack Russell puppy. In May 1996 I had my left knee replaced and later my right knee. I also had my left shoulder replaced but this was not such a success as the right one. That year I also became a Young Arthritis Care area contact for South Bucks.

In 1997 my ankles decided that

RESOURCES



Arthritis Care. 18 Stephenson Way, London NW1 2HD.
Tel: 0171 916 1500. Offers support and information; also runs 650 local branches and Arthritis Care Week (April 24-May 1 this year).
Arthritic Association. First Floor Suite, 2 Hyde Gardens, Eastbourne, East Sussex BN21 4PN. Helpline 01323 416550. Offers advice on self-help and complementary therapies.
Children's Chronic Arthritis Association. 47 Battenhall Avenue, Worcester WR5 2HN.
Tel: 01905 763556.

they were going to give me problems and I am awaiting a left ankle replacement.

I am now doing college work by e-mail, set up by Leamard Cheshire Workability through a government grant. Hopefully, in the year 2000, I will be going back to work. I would like to get into disability issues. I am still an area contact for Young Arthritis Care and I am also on the South East Regional Committee for Young Arthritis Care and Arthritis Care. I am also a main officer of my local church. At present, apart from my ankles, my arthritis is fairly stable.

Arthritis does not just affect the sufferer. It affects the whole family and friendship circle. People have said: "You must get used to it after all this time." You never do, but you learn to cope with it. Arthritis isn't all doom and gloom. It has made me the person I am today. I am a fighter and a determined individual. Life is what you make it.

HE'S BACK. BIGGER THAN EVER!

References:

1. Gastpar H, Aurich R, Petzold U, et al. Also Kunkel G, Baumgarten CR. Data on file.

2. Toyler Nelson AGB Healthcare. Counterpoint. Quarter 2, 1998.

3. Toyler Nelson AGB Healthcare. Data on file. October 1997.

RHINOLAST® HAYFEVER NASAL SPRAY ABBREVIATED

PRODUCT INFORMATION

Presentation: Nasal spray containing aqueous solution 0.14 mg azelastine hydrochloride per actuation.

Uses: Seasonal allergic rhinitis including hayfever.

Dosage and administration: Adults: One 0.14 mg (0.14 ml) spray into each nostril twice daily. Children: Insufficient clinical data to recommend use.

Contra-indications: Proven allergy to components.

Use in pregnancy and lactation: Experience of use in pregnancy is limited. With the nasal route of administration and the low dose administered, minimal systemic exposure can be expected. However caution should be exercised with use during pregnancy and lactation.

Side Effects: Irritation of the nasal mucosa. Azelastine has a bitter taste which may be experienced if Rhinolast® Hayfever enters the oropharynx.

Pharmaceutical Precautions:

Store above 8°C.

Legal category: P Product

Licence Holder: ASTA Medica Limited, 168 Cowley Road, Cambridge CB4 4DL. PL8336/0060.

Distributed by: Sankyo Pharma UK Limited, Sankyo House, Repton Place, White Lion Road, Little Chalfant, Amersham, Buckinghamshire HP7 9LP.

Package quantities and price:

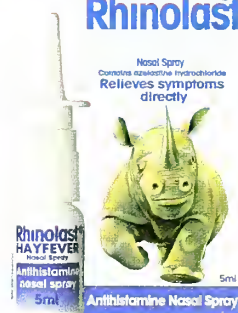
Trade price: £3.28, RSP: £5.75 for 5ml bottle with metered pump device. For further information please contact Sankyo Pharma UK Limited.

Date of preparation: March 1999. RHF9901T



**Relieves
symptoms
in 15 minutes¹**

Rhinolast®



contains azelastine hydrochloride

- Last season advertising awareness for Rhinolast® Hayfever was at 62% - almost double other hayfever brands²
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- This year advertising will hit 20 million people, so...

**...you'd better stock up before customers
start charging through your doors!**



**SANKYO PHARMA
UK Limited**

How will the Health Bill help?

The Royal Pharmaceutical Society's director of professional standards, **Sue Sharpe**, explains the Society's proposals for reform of the Pharmacy Act

Yet again, the Society's disciplinary legislation has come under attack from the High Court. In the Boots Judicial review case in 1997,

J Ognall observed that the Pharmacy Act 1954 provisions were in urgent need of reform. IJ Brooke echoed this in the course of hearing the Korsner appeal from the decision of the Statutory Committee, with many criticisms of both the procedures and the legislation.

Both are right. It is quite ridiculous that the Society still has to struggle with legislation 45 years old to try to reflect the values and cope with the issues which arise today. It has become even more preposterous when the Government has made it clear to the health professions that it expects them to ensure that their members deliver professional services of high quality, and continuously improve practice standards.

The Society has developed its proposals for reform of the Pharmacy Act. The principal problems we at the Society sought to deal with were the limited sanctions available to the Statutory Committee, and our inability to deal with any but the most serious cases, including most cases of unacceptable performance. At present the only sanction which the 1954 Act provides for a registered pharmacist is removal from the Register. In the worst cases it is unsatisfactory that the removal only takes effect three months after the decision is sent to the pharmacist (we have no powers of interim suspension), but in many cases other sanctions, such as a period of supervised work, would be useful.

Our proposals for reform incorporate, among others, powers to order training to remedy skills deficiencies. This type of sanction will help the Society to develop the base level of professional performance. A criticism frequently made is that the poorer performers adversely affect general perceptions of the profession and drag down its public standing. With the proposed new powers the Society will be able to deal effectively but constructively with them.

The proposals for reform of the disciplinary legislation, which had



Reforming pharmacy legislation will help the profession to increase the standards and standing of pharmacy

been the subject of widespread consultation and were welcomed throughout the profession, were sent to the Department of Health last summer. In October, Alan Milburn (then minister of health) wrote to the Society to say that there would be no prospect of reforming legislation in the lifetime of this parliament. But the Government planned to legislate to enable changes to the health professions' legislation to be changed by Order. So at last some hope of progress was offered.

The Health Bill, currently being debated, includes provisions which will remove the need for all amendments to our governing legislation to be undertaken by Acts of Parliament. In 1977 we secured legislation to establish a Health Committee to deal with pharmacists who are unfit to practise through ill health. We were extremely fortunate then that Sir Michael Tersely (who sadly died in 1997) used his consummate skills to pilot through a

Private Member's Bill just before the general election. But the parliamentary time needed for detailed consideration of Bills means that not only the Society, but also the other health professions, frequently find their requests pushed out by higher priority legislation.

The provisions in the Health Bill apply to all the health professions. The potential scope of Orders that can be made under the Bill is very broad. It can be used to amend the present provisions dealing not only with professional standards and discipline affecting members of the profession, but also education and training before and after registration. There is a requirement for a three month consultation period for draft Orders, which are then submitted to Parliament for approval. The attraction of this for the Government is that there is no detailed scrutiny of the proposals by Parliament, which accepts or rejects the draft.

It is not only attractive to the

Government but also to the health professions' regulatory bodies, almost all of which are seeking amendments to their legislation. But we also identified safeguards that needed to be incorporated, to prevent the Order being used to implement certain fundamental changes. These included ensuring that it could not be used to force the bodies to have a lay majority or to transfer the regulatory functions to another body. All the professions worked together to develop the proposed safeguards, and, as a result of an orchestrated campaign, the Government was persuaded to amend the Bill in the House of Lords.

No changes to pharmacy legislation will happen very quickly. There is a large backlog of work, and other professions are ahead of pharmacy in the queue. In the meantime, the next few years will present great challenges for the Society as professional regulator, as the government's clinical governance policies come into effect. At the forefront of these are continuing professional improvement and lifelong learning for the professions. The review of the Code of Ethics currently underway will reflect the growing expectations of pharmacists and the standards expected as they assume ever more responsible roles.

While it is important to ensure that disciplinary arrangements provide the necessary powers, they are only used in a few cases, where practices are unacceptable and often only where attempts to ensure improvements by other means have failed. The overwhelming majority of members of the profession do not encounter disciplinary processes and they do not need the threat of them to practise in a professional way. But the drive towards continuing improvement will mean the profession will be expected to ensure that it delivers high quality services and has means of dealing with poor quality practitioners.

With the protections the professions have secured in place, the power in the Health Bill offers a real hope that we will be able to get reforming legislation reasonably soon which will help us to increase the standards and standing of pharmacy in the future.

GELTEARS
ABBREVIATED
PRODUCT
INFORMATION

Presentation: Clear,
colourless gel
containing 0.2% w/w
Carbomer 940 with
benzalkonium
chloride 0.01% w/w
as preservative.

Uses: Substitution of
tear fluid in the
management of dry
eye conditions and in
unstable tear film.

Dosage and

Administration:
Adults (including the
elderly) and children:
One drop instilled into
the conjunctival fold
of each affected eye
3-4 times daily or as
required, depending
on the degree of
discomfort.

Contra-indications:

Patients with known
hypersensitivity to any
component of
preparation.

Special Warnings and

Precautions for Use:

Contact lenses
should be removed
during treatment with
GelTears.

Side Effects: Corneal
irritation may occur
with prolonged use.
Transient blurring of
vision on instillation.

Drug Interactions:

No significant
interactions have
been reported.

Pregnancy &

Lactation: Safety for
use in pregnancy
and lactation has not
been established.

Product Licence

No. : PL0033/0149.

Marketing

Authorisation Holder:

Chouvin
Pharmaceuticals Ltd.
Ashton Road,
Harold Hill, Romford,
Essex RM3 8SL.

Package Quantities

and Price:

Trade price \$1.64
(excl. VAT), RSP: \$2.89
(inc. VAT) for 5g tube.

Legal Category: P

Date of Preparation:
July 1998.

Chouvin

Sore, dry eyes sufferers are crying out for GelTears

Carbomer 940

NEW OTC
PACK



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Artificial tear gel in a convenient 5g OTC pack

Where do pharmacists newly qualified into the 'New Age' see their careers going? **Zoë Gross** talks to some of her contemporaries ...

Where are they now?

About 1,100 pharmacists qualify every year and, compared with ten years ago, the career opportunities available to them seem limitless. There has recently been an upsurge in non-dispensing posts, which is likely to be fuelled even further with the advent of primary care groups and their Welsh and Scottish equivalents.

But pharmacists are viewed by their peers as a notoriously conservative bunch. Since there has never been a glut of pharmacists on the market, there has been little incentive to 'look outside the box' in terms of career.

The manpower shortage means that it is as true now as it has ever been. And newly registered pharmacists seem as conservative as ever, judging by this snapshot of six people who joined the register in 1997.

As a group their ideas are far from revolutionary and it is debatable whether they are taking up the challenge of the 'New Age'. Or is it, perhaps, that only experience can open pharmacists' eyes to what they could be doing?

Shahnaz Khan is a basic grade

pharmacist at UCL Hospital. Shahnaz was definite about wanting to work in hospital pharmacy after completing just two weeks' work experience at Homerton

Hospital while she was a student.

"Although I was only there for a short time, it really opened my eyes to the many possibilities available, especially when I observed what pharmacists were doing both at a dispensary and ward level.

"I felt that a career in hospital pharmacy would give me greater responsibility with caring for patients and that there would be a lot more contact with other healthcare professionals."

During her pre-registration year at

the Royal London Hospital, Shahnaz rotated through the various departments including outpatients, pharmacy, drug information, production and chemotherapy. "These rotations helped with improving communication skills and confidence when dealing with patients and other healthcare professionals alike. My undergraduate course at King's provided me with a clinical knowledge base, which was further developed during my pre-registration year," she says.

It was the early introduction to ward pharmacy during the pre-registration year that was vital in helping Shahnaz to put academic learning into practice and develop the necessary skills required to become a hospital pharmacist.

Shahnaz is enjoying her career as a hospital pharmacist and is now hoping to specialise, perhaps in a clinically-based role.

Phil Banks did his pre-registration training at a Tesco in-store pharmacy in Norwich. He decided to remain with the supermarket chain and, once qualified, went on to work as pharmacy manager at the store in Ipswich.

"I went straight from being a pre-reg into a management position," says Phil rather proudly. "I was the only one in my year to do it - the company doesn't make a practice of it."

Phil chose early in his job with Tesco to be a manager and worked towards that. Long term, he wants to move into field management and his budding skills were developed through an effective management

scheme, taught within the store during his pre-registration year.

But pay was the deciding factor for Phil's initial career choice of community pharmacy. "I was quite interested in hospital pharmacy, but the pay didn't really match up!" Phil sees himself in the future as a regional manager or pre-reg co-ordinator.

Michael Hutt is a



Michael Hutt

store manager with Boots the Chemists. He trained at the Boots store in Bexhill-on-Sea, Sussex. "I always wanted to go into management to a certain extent and community pharmacy offered me that."

Michael made the decision to pursue a career in the community early on. "I

really enjoyed my undergraduate training at King's but thought that industry would be too lab-orientated and hospital too clinical."

Michael's contemporary, **Steve Lewis**, has already hopped from hospital to the community sector, and presents himself as a rural locum community pharmacist. Steve completed his pre-registration training at the Morriston NHS hospital, near Swansea, following two summer vacation placements with Boots.

His undergraduate clinical experience, coupled with the fact that he took the hospital pharmacy option at King's during his final year,

clinched hospital pharmacy for him. The ward rounds were particularly useful, especially taking case histories and stood Steve in good stead for his pre-registration year. "The only thing different was the hands on experience."

Post-qualification, Steve worked as a grade B pharmacist in hospital for a couple of months before taking time out to travel. Having spent three months travelling around Australia, Bangkok and Hong Kong, he returned to Wales to locum for independents.

Locuming enables Steve to be "his own boss" and gives him the flexibility to travel. Next year he hopes to go to Canada. He is considering working either in community or hospital pharmacy abroad. Sydney, Australia, has a high demand for pharmacists, he believes. "They really are crying out, especially in smaller suburban areas."

Suzy Heafield worked for Astra Charnwood during one of her summer vacations and enjoyed the experience. She decided to keep her options open and undertook a split pre-registration placement with six months at Whitehall International and six months at Brighton Healthcare.

Even though her undergraduate course wasn't particularly industry orientated, she was determined to give industry a go. But, as a newly qualified pharmacist, Suzy found that there weren't that many opportunities about.

Her pre-registration year, though, had given her a broad skills base. "I had excellent training although it was quite crammed in. In hospital, I had to fit into six months what everybody else had done in 12. There was a lot of pressure, but that stood me in good stead in a way, because I'm under a lot of pressure now in my job."



Suzy Heafield

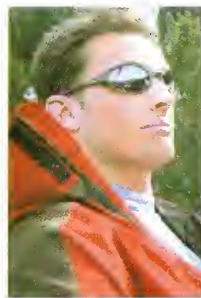
"There has never been much incentive to 'look outside the box' in terms of their career"



Shahnaz Khan

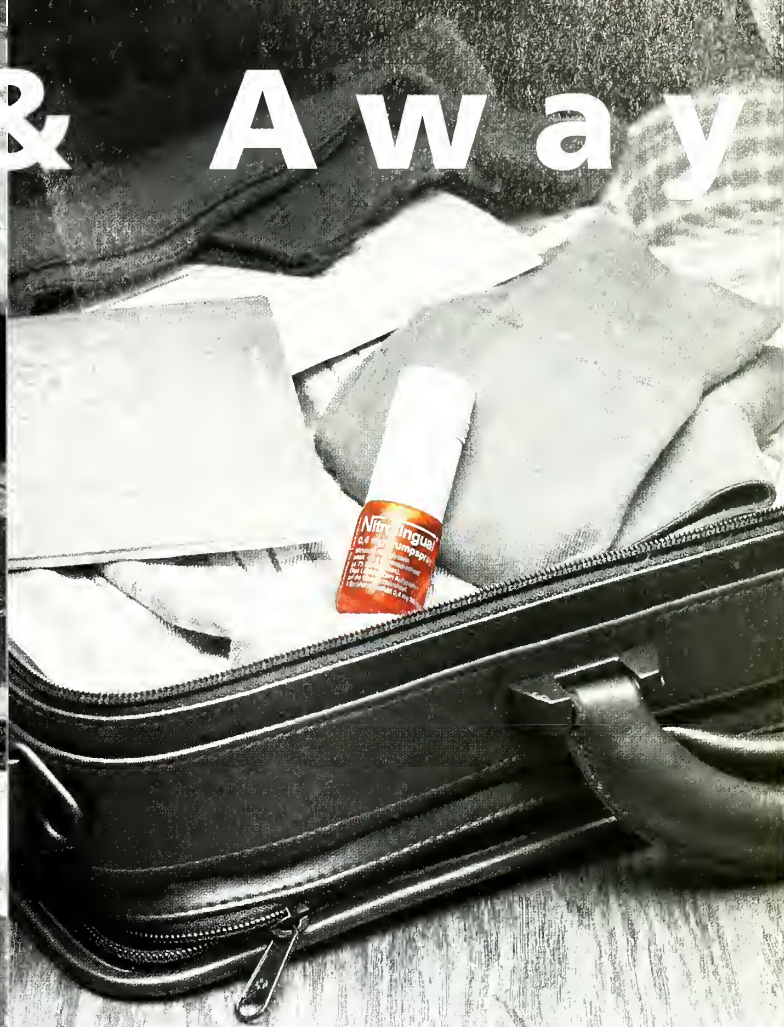


Phil Banks



Steve Lewis

Home & Away



Due to demand a new twin pack has been developed for frequent users of Nitrolingual Pumpspray. Nitrolingual Pumpspray Duo pack contains one 250 dose bottle of Nitrolingual pumpspray for the home or office and one very discreet 75 dose pocket spray for when patients are on the move. So it's now twice as convenient and twice as flexible as before.

But, the cost per dose is the same as before.

As with standard Nitrolingual Pumpspray (which is still available), both sprays are CFC-free and come in transparent bottles. So patients will know how much spray they have left.

For angina patients who use Nitrolingual Pumpspray frequently, consider Nitrolingual Pumpspray Duo pack.



One pack. Two different bottle sizes.

NITROLINGUAL PUMPSPRAY Prescribing information

Presentation: 400 micrograms glyceryl trinitrate per metered dose. It also contains ethanol.
Indications: For the treatment and prophylaxis of angina pectoris and the treatment of variant angina. **Dosage:** *Adults and the Elderly:* At the onset of an attack: one or two 400 microgram metered doses sprayed under the tongue. No more than three metered doses at any one time; minimum interval of 15 minutes between consecutive treatments. For the prevention of exercise induced angina: one or two 400 microgram metered doses sprayed under the tongue immediately prior to the event. *Children:* Not recommended for use. The spray should not be inhaled. Patients should familiarise themselves with the method of administration. During application the patient should rest, ideally in the sitting position.
Contraindications: Hypersensitivity to nitrates or other constituent, hypotension, anaemia, severe anaemia, cerebral haemorrhage and brain trauma, mitral stenosis and angina caused by hypertrophic obstructive cardiomyopathy. **Precautions:** Any lack of effect may be an indicator of early myocardial infarction. As with all glyceryl trinitrate preparations, caution in patients with incipient glaucoma should be avoided. **Interactions:** Tolerance to nitrates may occur, alcohol may potentiate any hypotensive effect. **Pregnancy and**

lactation: Not generally recommended. **Effects on ability to drive and use machines:**

Only as a result of hypotension. **Adverse reactions:** Headache, dizziness, postural hypotension, flushing, tachycardia and paradoxical bradycardia have been reported.

Overdose: Recovery often occurs without special treatment. Hypotension may be corrected by elevation of the legs to promote venous return. Methaemoglobinaemia should be treated by intravenous methylene blue. Symptomatic treatment should be given for respiratory and circulatory defects in more serious cases. **Legal Category:** - Pharmacy **Package quantities and NHS Price:** Bottles of 4.9, 11.2 or 14.1g of solution (equivalent to approximately 75, 200 or 250 doses) and Duo pack (4.9 and 14.1g bottles). Cost of 11.2g bottle £4.10, Duo pack £6.99. **Product licence number:** 03759/0042.

Date of preparation: January 1999

Reference: 1 Data on file (BuzzTM Research, September 1996)

Further information is available on request from:

Lipha Pharmaceuticals Limited, Harrier House, High Street, West Drayton, Middlesex UB7 7QG.

ZZ17016/C

MERCK

→ Continued from P20

After finishing her pre-registration year, Suzy took a couple of months off to take stock before taking up a basic grade post at Queen's Medical Centre, Nottingham, where she remains.

"I enjoyed both hospital and industry, and at Queen's we have the opportunity to do manufacturing. There's a manufacturing rotation, so I could do that if I wanted to." In the future, Suzy thinks she would like to get involved with product licensing. **Balvinder Singh Matharu** did his pre-registration training at Boots in Chancery Lane, London. "I chose Boots because it seemed to be the most proactive at approaching undergraduates for both vocational work and pre-reg placements.

"Working in a central London store that had a busy healthcare business allowed me to experience all aspects of community pharmacy. This made the transaction from pre-reg to pharmacist a lot easier."

However, Balvinder has now moved on from community pharmacy to pursue a career in academia. He is starting a pharmaceuticals research PhD on pulmonary peptide drug delivery, back at King's College, London.

For Balvinder, community pharmacy lacked academic challenge

and was too routine. He felt it inevitably led to a retail management role. For pharmacists not interested in management, the opportunities "seemed limited and not so rewarding in terms of progression within the company".

Balvinder sees himself with an industry-based job in ten years' time. He still works for Boots and would still like to be actively involved in community pharmacy - but not in-store.

Although it's early days for these six pharmacists, a career move outside the mainstream is not on the cards, although promoting pharmacy to the wider world seems to be an issue they all feel strongly about.

"Pharmacy is a good profession," admits Michael. "It has a good standing, which could be even higher, especially in the public's eye."

A welcome development would be greater awareness of the contribution pharmacists make both within the healthcare team and among patients.

Phil Banks observes: "The role of the pharmacist is well recognised by the elderly who, prior to the NHS,

used the pharmacy as an alternative to an expensive visit to a GP."

"Then there appears to be a gap of about 30 years - people in the post-war generations don't seem to think too much of us. They just come in and use you as a shop."

He believes younger people have a much better understanding of what pharmacies have to offer. "New pharmacists have more skills to offer and now that the

NHS is so strained, people are coming back to use the community pharmacy," he believes.

So, bearing in mind the profession's evolution, where does the class of '97 see the profession heading over the next ten years? Their ideas for taking pharmacy into the new millennium are poorly developed.

In terms of hospital pharmacy, the general view is that the pharmacist should be more ward-based, leaving the more mechanical dispensing function to technicians back in the dispensary.

"We're all idealistic and want to do ward rounds," says Suzy. The role could be expanded to encompass discharge planning, assessing patient needs and writing up discharge

prescriptions, she suggests.

All six feel that pharmacists are an ideal fit for the new primary care-led NHS. They are consumer orientated and deliver services to patients in their own communities. And all of them would like to see more communication with GPs.

Some innovations may call for a bigger role for technicians. This change in the skill mix is not seen as a problem. By training them further, for example, to counsel patients on medication and to do the final check on dispensed medication, pharmacists will be able to extend their roles.

"We are pushing away from pharmacist dispensing," says Steve. Expanding the role of technicians, both in community practice and the hospital environment, will ensure that pharmacists are more available for patient counselling and for giving advice to doctors and nurses, he says.

The introduction of telephone advice services for patients on minor ailments, medication and other health issues; drop-in clinics; fully fledged retail pharmacies in hospitals; and even health education in schools for pupils and teachers are mentioned as future possible developments.

The million dollar question of where pharmacy is heading in the millennium still remains. Pharmacists can do a lot to write their own ticket but they also have to convince others that the show is worth seeing.

"All six feel that pharmacists are an ideal fit for the new primary care-led health service"

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Cuprofen Maximum Strength Abbreviated Product Information: Presentation: Pink, film coated tablets containing ibuprofen BP 400mg. Indications: For the relief of rheumatic and muscular pain, backache, lumbago, fibrositis, neuralgia, headache, dental pain, migraine, period pain and symptoms of cold, flu and feverishness. Legal Category: P. Product Licence Holder: Cupral Ltd, Blackburn BB2 2DX. Cuprofen is a Trade Mark of Seton. Further information is available on request from the Licence Holder.

1 Independent Pharmacy Audit MAT July 1998 2 Taylor Nelson Sofres - Counterpoint Q2 1998 3 Independent Pharmacy Audit MAT July 1998

DON'T LET HAYFEVER THREATEN THEIR SUMMER

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National
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The efficacy of Clarityn Allergy is unsurpassed. And to drive customers through your door there's a new TV

commercial which will appear on National TV – including regular mid-break slots on Channel 4's 'Friends'. Plus there's a nationwide PharmaSite poster campaign and sponsorship on commercial radio during National Allergy Week.

For impact in-store, we've designed a window display featuring the moving 'pollen storm' from the TV ad, together with window friezes, a counter display, dummy packs, pens and bags.

So stock up on Clarityn Allergy now and make sure that your hayfever sufferers have a great summer.

CLARITYN[®]
Loratadine
ALLERGY TABLETS FOR HAYFEVER

7 tablets

Fast
No Drowsiness

Clarityn Allergy prescribing information: Clarityn Allergy Tablets contain 10mg loratadine. Clarityn Allergy Syrup contains 5mg loratadine per 5ml. **Indications:** Adults and children aged 12 and over: For the relief of symptoms associated with hayfever, perennial allergic rhinitis and idiopathic chronic urticaria. **Children aged 2 to 12 years:** For the symptomatic treatment of hayfever and allergic skin conditions, such as urticaria. **Dosage:** Adults and children aged 12 and over: One tablet (10mg) once daily. 5ml spoons of syrup once daily. **Children aged 6 to 12 years:** Two 5ml spoons of syrup once daily. **Children aged 2 to 6 years:** One 5ml spoon of syrup once daily. **Contra-indications, precautions:** Hypersensitivity. Pregnancy and lactation. Use in children under 2 years. **Side-effects:** Rarely, fatigue, nausea, headache, dizziness, anaphylaxis, abnormal hepatic function, supraventricular tachyarrhythmias. Tachycardia and syncope have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs which inhibit P450 3A4 and 2D6 metabolic pathways may result in elevated plasma levels of loratadine or the concomitant medication. **Pack sizes:** Cartons of 7 tablets. Bottles of 50ml syrup. **Retail price:** Tablets: £4.25. Syrup: £6.99. **Legal category:** RRL. **Product licence numbers:** Tablets 0201/0175. Syrup 0201/0178. **Product licence holder:** Schering-Plough Ltd, Shire Park, Welwyn Garden City, Hertfordshire AL9 7TW. **Date of revision:** August 1997.

SCHERING-PLOUGH CONSUMER HEALTH
Division of Schering-Plough Ltd, Kenilworth, New Jersey 07033

Dobson offers to cut parallel imports in industry deal

The Government is prepared to use the Pharmaceutical Price Regulation Scheme to boost rewards for innovative new drugs and reduce the attractions of parallel importing, provided manufacturers return the favour by helping to cut the NHS drugs bill.

Speaking at the annual dinner of the Association of the British Pharmaceutical Industry last week, health secretary Frank Dobson said: "We are seeking to save some money. And we are prepared to consider a system which gives greater rewards for newer research-based products."

The Government would use the PPRS, whose re-negotiation began last July, to cut parallel imports. "For every £1 the NHS saves from PIs, industry loses £6. We are determined to help you in this area," he said.

Mr Dobson admitted that this might be contrary to the European free market ethos, and that any changes would have to comply with EU law. But he said the pharmaceutical industry's position was not compatible with free market rules. "This is a position which I support and which I intend to defend," said Mr Dobson.

The minister said the PPRS negotiations should be tough, and defended moves to make the scheme statutory because the "mavericks" who breached what has been, until now, a gentleman's agreement cost the NHS £30 million a year. "Now they will be hauled up and that is only right and proper," he said.

Mr Dobson sought to allay the ABPI's concerns about the newly set-up National Institute of Clinical Excellence. Clinicians do need some authoritative guidance, he said, and added that there will be other drivers pushing for better quality, such as a



Health secretary Frank Dobson (left) and ABPI president Michael Bailey (right) – not much in common on the agenda

duty of clinical excellence which has been placed on hospital trusts.

He said the Government's policies would do the pharmaceutical industry no harm, and will ultimately benefit both it and the NHS.

Future in doubt?

The UK pharmaceutical industry's future is not as assured as it may seem, warned ABPI president Michael Bailey. "For the first time, there are increasing concerns about our ability to grow and prosper in the UK."

Over 20 per cent of manufacturing jobs have been lost from the UK since 1992, and for the first six months of 1998 the pharmaceutical industry's trade balance is showing a decline after ten years of continuous growth.

Until now the UK has provided a regulatory and pricing framework

which encourages innovation and gives patients early access to new medicines. This is under threat from a number of directions, such as NICE, Prodigy and rationing, said Mr Bailey.

Any initiative that promotes quality, equality and faster access to modern medicines has industry support, he said, "which makes it all the more frustrating that the approach described in the NICE consultation document could well have the opposite effect".

The proposals, if adopted without revision, will place a "significant additional burden on companies in the UK, making it a far less attractive environment for clinical trials and early registration", he said.

Prodigy has been launched despite question marks over its usability, lack of transparency and the provenance of the guidelines it has issued. "There has

been little or no industry involvement and there appears to be a clear bias in favour of older, cheaper medicines," he alleged.

The debate about the treatment for erectile dysfunction has raised the issue of cost-based rationing. "The denial of these treatments to many who clearly need them is effectively a rationing of patients," said Mr Bailey.

For the first time primary care budgets have a cash limit on medicines, and a target has been set to increase generic prescribing to cover 75 per cent of all prescriptions by 2002.

"This comes when we are in the midst of renegotiating the PPRS, probably the single most important aspect of the relationship between this industry and Government," he said. "Perhaps you can now understand why people might question whether the industry is still welcome in the UK – or at least question if anyone is looking at the total impact of these measures."

- The UK pharmaceutical industry spent £7m a day in 1997 on R&D
- The DTI's 'R&D scoreboard' shows that the UK's top three investors are pharmaceutical companies
- Seven out of the world's top 25 medicines were discovered and developed in the UK
- In 1997 the industry exported £15m a day and contributed £6m a day to the nation's trade surplus.

UniChem roadshow rolls on

Around 50 pharmacists attended a roadshow run by UniChem, with the help of Procter & Gamble and Roche, in Egham, Surrey, at the end of March.

UniChem unveiled its Millennium promotion and new plans for the Community Pharmacy Initiative (CPI).

The company has expanded the

marketing credit prizes for pharmacists who do well in its mystery shopper surveys. Pharmacists can also receive discounts on certain products by using Moss Advisory Service type planograms.

P&G discussed how category management could increase sales by helping pharmacists understand what customers wanted. Roche explained the market trends for vitamins, minerals and supplements and how pharmacists could benefit from defining key product categories.

The next show is due to take place in Croydon on April 29, followed by others in Exeter and Swansea in May.

Peter Skinner, UniChem's marketing controller, explains new plans for CPI at the Egham roadshow



Suncreams target of daylight robbery

Police in Wales have warned pharmacists to double check their security, after thieves stole an entire display of sun tan creams, oils and lotions from a Boots store in broad daylight.

The products, taken from Boots' Welshpool outlet, are worth around £1,200 and include Ambre Solaire and Uvistat. A police spokeswoman said: "It was a large amount of goods to steal in broad daylight. At this stage we have no idea how the goods were removed from under the noses of staff."

Police have warned pharmacists in the area to look out for sun tan products being offered cheaply.

● BTC has introduced its first automatic drop off point for photographic films at the chain's Bluewater store in Kent.

The unit is designed for Advantage card members, who insert their card at a touch screen and choose their devel-

opment options, such as processing time, size and number of copies. The screen then shows what the customer has ordered and calculates the price.

After the customer has confirmed the order, the machine issues a printed envelope and slip. The customer puts the film in the envelope and posts it at a post box under the screen. When the films are ready, the customer returns to the counter with the slip.

Advantage card members are encouraged to use this unit because it saves them time by not having to queue at the counter.

● The Boots Company and Mitsubishi Corp, which are investing £26 million on a trial to open health and beauty outlets in Japan, have signed a lease on their first store in Tokyo. The outlet will open in summer and the partners plan to open another three in the city by the end of the year.

Italian pharmacies to adopt Lloyds Pharmacy schemes

Lloyds Pharmacy's techniques will be exported to Italy to help Gehe's latest acquisition target, Bologna-based AFM, which comprises 36 pharmacies and one pharmaceutical wholesale depot.

Michael Ward, AAH plc's chief executive, said Gehe will examine concepts that have worked in the UK for Lloyds, such as professional services.

The Italian pharmacies will also benefit from Lloyds' expertise in category management, particularly its 'category captain' scheme. Mr Ward said Gehe would take into account Italy's cultural differences before it introduced any changes. But initial signs indicated, he added, that the Italians were keen to adopt techniques that would improve their pharmacies.

Italy's pharmaceutical market, he said, offered tremendous scope because it is one of the fastest growing in Europe. Its ethical sales are rising at rate of 9 per cent.

The sale of AFM is Italy's largest privatisation of pharmacies to date - pharmacy chains are not allowed in Italy, but regional authorities around the country own about 1,500 pharmacies through licences.

Bologna city began its pharmacy privatisation by installing the outlets in a new company, AFM, so that it could sell a majority stake in the firm.

Bologna city's examining board and various neighbouring communities have now recommended that Gehe should be allowed to buy an 80 per cent stake in AFM. Gehe - expected to pay about 107 billion lire (£37 million) in three instalments - beat off Alliance UniChem, Phoenix and Italian companies to be the preferred buyer.

The move now has to be approved



Michael Ward, AAH plc's chief executive, will oversee Gehe's Italian pharmacies

by the city councils of Bologna and the neighbouring communities and Italy's Cartel Office (equivalent to the Competition Commission). Gehe said the process should be completed within 45 days.

Mr Ward will oversee the Italian business and will appoint a managing director to handle its day-to-day affairs.

With privatisation set to sweep to other Italian regional authorities, Gehe wants to acquire many more pharmacies. Owning the Bologna outlets, said Mr Ward, will improve Gehe's chances of buying more pharmacies, which will become part of AFM.

In 1997 - the latest figure available - Gehe had a 0.9 per cent stake in Italy's notoriously fragmented pharmaceutical wholesale market.

● Martin Drummen, AAH's finance director, will be leaving the company in the summer to return to Germany, where he will work for a Bonn-based company dealing in construction materials.

AAH, meanwhile, is still looking for a new managing director to replace

David Taylor, who retired last year. Mr Ward said he was talking to "two or three very good internal candidates".

● AAH has linked up its intranet site with 25 pharmacies and plans to have another 75 on line by mid-May. The intranet network allows pharmacists to order on line, check the availability of stock and review their invoices, sales and account details. This trial is running for six months and, after the results have been assessed, the intranet will be rolled out to all Link customers. David Watkinson, AAH's marketing manager for customer technology, said pharmacists had responded extremely well with most logging onto the site at least once a day.

● The speakers at AAH's convention in Marbella, Spain, on May 6-9 will include: Prof Clare Mackie, head of the pharmacy school at Robert Gordon University in Aberdeen and an independent pharmacist in Glasgow, speaking on 'Pharmacy - looking to the future'; Dr Malcolm Rigler, a practising GP, who is working with the University of Central England on the role and functions of healthy living centres in community practice; Tony De Nicola, president of A&D Associates - and a C&D columnist - who will give advice on sales and marketing issues, from a US perspective; and Procter & Gamble's Ken Donnelly, customer business development manager in pharmacy wholesaling.

● Lloyds Pharmacy and PPP health-care are offering exotic holidays and money-off vouchers in an in-store national travel insurance promotion which runs for six weeks.

Lloyds is running a scratch card competition - every card guarantees a prize including holidays to Cuba and Florida.

Michael Major resigns as Lloyds md

Michael Major has resigned as managing director of Lloyds Pharmacy for personal reasons.

Michael Ward, AAH plc's chief executive, said: "Despite our best efforts to persuade him to change his mind, he is adamant that he will leave at the end of June and a further announcement will be made shortly regarding a successor. On behalf of the board, I would like to take this opportunity to say how disappointed we are that Michael has decided to leave, but can understand and empathise with the reasons behind his decisions. We would like to wish him and his family every success, health and happiness in the future and thank him for the significant contribution he has made to this business."

Mr Major joined AAH in 1992 as business development director for AAH Retail Pharmacy after working in the pharmaceutical wholesale and retail sectors for ten years. He was made managing director of AAH Retail Pharmacy - Hills Pharmacy chain - shortly after Gehe acquired AAH in 1995. Two years later he was made managing director of the combined Hills/Lloyds chain, now Lloyds Pharmacy. Mr Major has overseen part of an expensive rebranding programme that will convert nearly 1,300 pharmacies to the 'new-look' Lloyds.



COMING EVENTS

MONDAY, APRIL 19

Bromley Branch, RPSGB, at the Fagnal Centre, Postgraduate Education Centre, Queen Mary's Hospital, Fagnal Lane, Sidcup, 7 for 8pm.AGM.

TUESDAY, APRIL 20

Bury & District Branch, RPSGB at the Broad Oak Suite, Fairfield General Hospital, 7.30 for 8pm. 'Concordance: everything you always wanted to know'. Speaker: Dr Alison Blenkinsopp.
East Metropolitan Branch, RPSGB, at Wanstead Library, Spratt Hall Road, London E11, 7.30 for 8pm. 'Factors influencing the *in vivo* absorption of drugs'. Speaker: Dr R M Daisley.

THURSDAY, APRIL 22

Barnet Branch, RPSGB, at the PMC, Barnet General Hospital, 7.15 for 8pm. AGM followed by quiz with prizes. Edinburgh & Lothians Branch, RPSGB.

at The Society, 36 York Place, 7.45pm. AGM - 'Changing the public face of pharmacy'.

Ayrshire Branch, RPSGB, at Piersland House Hotel, Troon, 7.30 for 8pm.AGM followed by wine tasting and talk. Speaker: Ms Diane Gordon, Oddbins.

Stirling & Central Scottish Branch, RPSGB, at Inchyra Grange Hotel, Polmont, 7.45pm. 'Integrating Pharmacy Practice within the local GP Practice'.

Slough & District Branch, RPSGB, at the Postgraduate Centre, Wexham Park Hospital, Slough, 7.15 for 8pm. 'Management of Common Ailments - Pharmacist as Doctor in the New Age'. Speaker: Derek Balon, pharmacist.

FRIDAY, APRIL 23

Bradford & District Branch, RPSGB, at Bankfield Hotel, Bingley, 7.45pm.AGM followed by guest speaker, Mr Marsha Singh MP.

Vaccine firms launch industry group

Pharmaceutical companies involved in vaccines have launched a new industry group to promote and give advice on this product sector.

The UK Vaccine Industry Group (UVIG), working with the Association of the British Pharmaceutical Industry, has the following members: Medeva, Pasteur Merieux MSD, SmithKline Beecham, Solvay Healthcare and Wyeth Laboratories. In the UK, the UVIG will liaise regularly with the Government, the Department of Health and other interested parties, to ensure that the public has access to the vaccines it needs.

Richard Stubbins, Pasteur Merieux's

managing director and UVIG's chairman, said: "UVIG brings together a wealth of experience and knowledge. We will use these to support the UK in developing one of the most forward thinking, innovative vaccination programmes in the world."

● Pasteur Merieux MSD has launched a rapid cold chain vaccine delivery service in the UK. It is working with Polarspeed Thermologistics, a specialist in cold storage deliveries, and will monitor the temperature from its plants to customer's premises. Twenty new refrigerated vehicles will handle the service, which aims to deliver orders within 24-48 hours.

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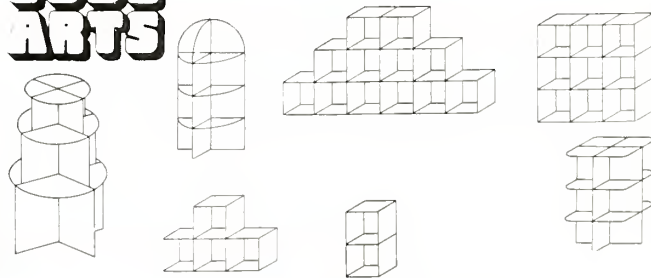
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A largesse of riches

It's that time of year when the *Sunday Times* estimates how successful the top 1,000 earners in Britain have been. And, once again, pharmacists and the pharmaceutical industry make their mark.

As ever, Barrie Haigh is the pharmacist with the most, placed 52nd this year with £385 million. This is an increase of £85m and a jump of 15 places upwards on last year, due to the increase in share value of drug trials firm Quintiles. Mr Haigh acquired the shares when he sold Innovex in 1996 and was required under the deal to hold onto the Quintiles shares for three years. By comparison, Dr Dennis Gillings, founder of Quintiles, is placed behind Mr Haigh at 126th= place with an estimated wealth of £180m.

Tony Tabatznik and family's estimated wealth stays unchanged at £260m placed at 82nd=, with the money derived mainly from the sale of Generics (UK) to Merck in 1994.

Galen Holdings' founder Dr Allen McClay has seen a significant rise in his worth, up from £142m to £210m ranking 107th. The company floated in 1997 and the sale of Connors Chemists in Northern Ireland to Boots contributes to the figure. Former lecturer in the pharmacy department of the Queen's University, Belfast, Dr John King has jumped from 250th place to 185th with a value of £124m. He joined Galen and was chief executive when the company floated in 1997. Galen's finance director Geoffrey Elliott comes in at 662nd= with £38m, following an increase in the value of his share stake.

Following on from last week's news about the top 200 Asian entrepreneurs, which included a handful of pharmaceutical whizzkids (*C&D* April 10, p49), the *Sunday Times* puts pharmacist Vijay Patel and his brother Bhikhu at 215th with £113m. This is up £25m from last year for the brothers, who run the Essex-based pharmaceutical company Waymade and the pharmacy chain Chemys.

Fisherman's Friends goes from strength to strength. Doreen Lofthouse and her family have extended the number of countries the lozenges are sold in to over a hundred, increasing the value to £130m, up £20m from last year.

Pharmacist and publisher Dr Philip Brown and his wife Patricia have seen a decline in their Rich List rating over the past year, down to 261st= with a fall in the value of their company PJB Publishing putting them at £95m. At the same ranking is Terry Sadler, who runs Bioglan Pharma. Slightly behind at 266th= and worth £90m is Mike Jatania and family. Mr Jatania is chief executive of Lornamead, the hair and skincare company which acquired the Harmony hair spray brand last year.

Although seeing a slight increase in estimated wealth to £57m, pharmacist Allen Lloyd's position fell to 440th=. Norman Stoller, president of the newly merged Seton Scholl Healthcare group has seen his estimated worth double to £50m placing him 471st=.

Glasgow-based wholesaler Strathclyde Pharmaceuticals owned by Donald Munro and family has stayed level in terms of wealth at £30m, but has dropped ranking to 731st. London-based wholesaler Bharat Mehta and family, who run Necessity Supplies are a new entry this year, worth £22m and placed 958th.



Pharmacists in three UK cities were given the benefit of Noritsu's expertise in minilabs at seminars organised last month by *C&D*'s sister title, *Community Pharmacy*. Pictured at the Glasgow event are Miller Freeman Pharmacy Group associate publisher John Skelton; Steve Jones, sales director, Photo Imaging Centres Ltd; Sue Bromfield, sales and marketing director of Noritsu UK; and Len McAllister of Burrells Pharmacy in Montrose

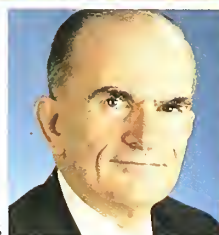
APPOINTMENTS

Bill Fullagar has been appointed president elect of the Association of the British Pharmaceutical Industry. Mr Fullagar is president of Novartis UK Ltd and is chairman and a board member of its nine Novartis operating companies. He has 30 years' experience in international operations having worked originally for Sandoz in the UK, Switzerland and the US. UniChem has promoted two of its operations staff.

Julian Streeter becomes associate director of operations and **Adrian Chen** is associate director of logistics development. Mr Streeter was formerly general manager at the Preston branch and will assume full responsibility for UniChem branch operations. Mr Chen will be responsible for all operations support activities and operation development.

Duncan Cameron has been appointed managing director of Norscot Pharmaceuticals. He moves from the post of financial director where he has been since the Aberdeen-based company was formed in 1992.

Dale Winchester has been promoted from sales manager to sales director, replacing Eric Davies who retired last month.



Bill Fullagar



L-r: Julian Streeter and Adrian Chen

Pharmacy hoists Jolly Roger for charity

Most people would rather walk the plank than accept tea and cakes from a Long John Silver look-a-like. But when swashbuckling staff from a Shrewsbury pharmacy raised the skull and crossbones on Red Nose Day, they plundered £270 by inviting customers on board for a quick cuppa.

The staff at L Rowland & Co's Sutton Farm branch dressed up as pirates and decked out their pharmacy in nautical style to collect money for charity. The crew were (back, l-r) Janet Timmins, pharmacist Emma McKee, Gayle McKeon, (front) Sarah Rogers, Joanne Pritchard and Loris Sandford.



Praise be – it's not a miracle

Analgesic manufacturers will be breathing a sigh of relief this week after the Peniel Pentecostal Church withdrew its advertisement for a 'miracle' cure.

A complaint from the Essex area about the advertisement for a Pentecostal church was upheld by the Advertising Standards Authority, which concluded that the advertisers had not substantiated the implied claim of physical healing.

The 'facts' of the case, as they appeared in the advertisement, were that in October 1996, David Gregg, a chronic sciatica sufferer, was "half-carried, half-dragged into the church hall and laid on the floor where he could not move". Within two hours he was said to be able to "stand up unaided" and after a few more minutes he was able to "stride out of the hall". To add insult to injury (or cure, we suppose) a testimonial added: "I've never taken a painkiller since that day."

Pharmacists' marathon efforts for charity

The profession will be well represented in tomorrow's London Marathon with 125 pharmacists under starter's orders.

Martin Hough of Ryder's Chemist in Formby, running in his second marathon, is hoping to raise £1,000 for the Roy Castle Lung Cancer Foundation.

A veteran of two previous marathons, Ian Fleming hopes to finish the race neither shaken or stirred in under three hours and 20 minutes. The Boots store manager from Esher is raising money for Trinity Hospice in Clapham.

Training near the tiger enclosure at Woburn Safari Park has helped put a spring in the step of Rhys Neale. The marketing manager for LRC products, distributor of Tiger Balm, is raising money for the National Blind Children's Society.

Sanju Dave, Witham's Lloyds' pharmacist manager, is running his first Marathon to raise funds for the Marie Curie Cancer Fund.

NEW
EASY-TO-CARRY SACHETS

Now when your customers have heartburn on the move they can instantly soothe it anytime, anywhere, with new *Gaviscon* Liquid Sachets.



Gaviscon, the UK's No.1 Pharmacy heartburn remedy, is now available in a convenient easy-to-carry format.

This, together with the fact *Gaviscon* is now on TV, gives you an ideal opportunity to grow your pharmacy sales.

So order your stocks now, so your customers can pocket some *Gaviscon* Liquid Sachets while you can pocket some extra profits.

Introducing a New handy way to pocket some extra profits.



GAVISCON
LIQUID SACHETS

sodium alginate Ph Eur., sodium bicarbonate Ph Eur., calcium carbonate Ph Eur.

Instantly soothing handy-sized Liquid Gaviscon.

Gaviscon Liquid Sachets Essential Information

Active Ingredients: Sodium alginate Ph Eur 500 mg, sodium carbonate Ph Eur 267 mg and calcium carbonate Ph Eur 160 mg per 10 ml dose. Also contains methyl and propyl hydroxybenzoates and sodium saccharin. **Indications:** Gastric reflux, reflux oesophagitis, heartburn, hiatus hernia, flatulence associated with gastric reflux, heartburn of pregnancy, and all cases of epigastric and retrosternal distress where the underlying

cause is gastric reflux. **Dosage Instructions:** Adults and children 12 years and over. One to two sachets (10-20 ml) after meals and at bedtime. Children under 12 years. This format is not suitable for children's dosing. **Contraindications:** None known. **Precautions and Warnings:** Each 10 ml dose contains 6.3 mmol (145 mg) sodium. **Side-Effects:** Very rare hypersensitivity reactions. **Retail Price:** 12 sachets £2.89. **Marketing Authorisation:** 0063/0100 - Gaviscon Liquid Sachets. **Supply**

Classification: Through-registered pharmacy only. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Donsam Lane, Hull HU8 7DS. **Date of Preparation:** February 1999. *Gaviscon*, *Gaviscon Advance* and the sword and circle symbol are trademarks.

As Seen
On TV

Bazuka that verruca

For the treatment
of verrucas, warts,
corns and calluses

- Uniquely formulated, clinically proven treatment
- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary ■ Simple, once-daily application

CLINICALLY
PROVEN

Extra strength
treatment for
verruca and warts

- Uniquely formulated extra strength treatment
- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary ■ Simple, once-daily application

NEW
PHARMACY ONLY



salicylic acid, lactic acid



salicylic acid

NO NEED FOR PLASTERS

BAZUKA Trademark and Product Licences held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Indications:** For the treatment of verrucas, warts, corns and calluses. **Directions for use:** For adults, the elderly and children: Once daily apply one or two drops of the gel to the lesion and allow to dry, taking care to avoid the normal surrounding skin. The following day, carefully remove the dried patch and apply fresh gel. Once every week, before re-applying fresh gel, gently rub the treated surface using the emery board provided. Continue treatment until the corn is resolved. This may take up to 12 weeks for certain verrucas and warts. **Contra-indications:** Not to be used on the face, neck, intertriginous or anogenital regions, or by diabetics or individuals with poor blood circulation. Not to be used on moles, birthmarks, hairy warts, or any other skin lesions for which the gel is not indicated. Not to be used in cases of sensitivity to any of the ingredients. **Precautions and Warnings:** Keep away from eyes, mucous membranes and from cuts and grazes. Avoid spreading onto normal surrounding skin. Do not use excessively. Avoid inhaling vapour and keep cap firmly closed when not in use. Avoid contact with fabrics, plastics and other materials, as it may cause damage. **Side-effects:** Some mild, transient irritation may occur, but in cases of more severe irritation or inflammation, treatment should be discontinued. Bazuka and Bazuka Extra Strength Gel are highly flammable — Keep away from flames. Store at room temperature, not exceeding 25°C. Keep all medicines out of the reach of children. **FOR EXTERNAL USE** **Legal Category:** [P] Packs: Bazuka Gel (PL0173/0161) — 5g RSP £4.65 (£3.96 exc. VAT). Bazuka Extra Strength Gel (PL0173/0154) — 5g RSP £5.45 (£4.64 exc. VAT). 2/99.